

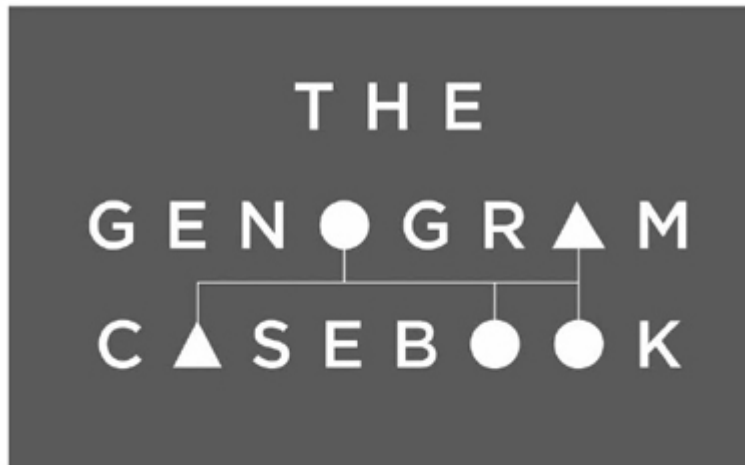
THE GENOGRAM CASEBOOK



A Clinical Companion to
GENOGRAMS: ASSESSMENT AND INTERVENTION



MONICA MCGOLDRICK



A Clinical Companion to
Genograms:
Assessment and Intervention

Monica McGoldrick



W. W. Norton & Company
Independent Publishers Since 1923
New York • London

A NORTON PROFESSIONAL BOOK

To Murray Bowen, whose ideas taught me how to love my family and how to commit my life to living out my most important values.

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Preface

WHY THIS BOOK

Given the increasing popularity of genograms in the training and practice of social work, medicine, psychology, nursing, counseling, and many related fields, including education, there is a need for a clinical primer that articulates exactly how to use genograms in practice. This book assumes the reader is already familiar with the graphics of genograms and the various patterns they show (through *Genograms: Assessment and Intervention* [McGoldrick, Gerson, & Petry, 2008]) and with the possibilities of reconnecting with your family through the exploration of your own genogram (as laid out in *The Genogram Journey: Reconnecting with Your Family* [McGoldrick, 2011]). Here we explore the use of genograms for engaging and working with clients in therapy. This book is a companion to *Genograms* and *The Genogram Journey*, but it focuses specifically on clinical issues of everyday practice: engagement, mastering resistance, detriangling, dealing with conflicts, and helping clients repair cutoffs.

This book is also a companion to several videotapes I have made, including *Harnessing the Power of Genograms* (2012), in which I demonstrate a first session with a client who comes to therapy not seeing his genogram as relevant to his presenting problem of distancing from his wife. It draws also on the multi-session demonstration of working with a remarried family, *The Legacy of Unresolved Loss: A Family Systems Approach* (McGoldrick, 1996), another example of my using a genogram in clinical work with a family that has come to therapy not seeking to understand their genogram but rather to resolve the issues of their teenage daughter. In fact the genogram becomes pivotal in understanding and mapping out the moves to help the family resolve their issues and move on. This book is a companion also for the video *Getting Started in Family Therapy*, an illustration of engaging a Latino immigrant family over the

first several clinical sessions. Excerpts of these videos are offered in the text. and available for streaming at www.psychotherapy.net/McGoldrick.

The Genogram Casebook demonstrates clinical work using genograms by showing how these ideas can be carried out in practice. The book lays out in a practical way how therapy is conducted from a family systems framework, which views all of human life as connected and interactive, rather than as divided into parts that can be studied separately. The conceptualization of these ideas is based specifically on the framework of Dr. Murray Bowen (Bowen, 1978) as expanded by Edwin Friedman, Philip Guerin, Tom Fogarty, Betty Carter, Harriet Lerner, Carolyn Moynihan Bradt, Joanne Gilles Donovan, Nydia Garcia Preto, Froma Walsh, Roberto Font, John Jacobs, and many others, who have been developing these systems ideas for the past 50 years. This book draws on my own family systems work over many years and on the work of these creative therapists from whom I have received great inspiration and mentoring.

Genograms make it easier for clinicians to keep in mind the complexity of a family's context, including family history, patterns, and events that may have ongoing significance for understanding clients and helping them to heal or transform their lives. Just as our spoken language potentiates and organizes our thought processes, genograms, which map relationships and patterns of family demographics, functioning, and cultural history, help clinicians think systemically about how events and relationships in their clients' lives are related to patterns of health, illness, and resilience.

Gathering genogram information should be an integral part of any comprehensive clinical assessment. There is no quantitative measurement scale by which the clinician can use a genogram in a cookbook fashion to make clinical predictions. Rather, it is a factual as well as an interpretive tool, enabling clinicians to generate tentative hypotheses for further evaluation in a family assessment. Typically, the genogram is constructed from information gathered during the first sessions and revised as new information emerges. Thus, the initial assessment forms the basis for treatment. Of course, we cannot compartmentalize assessment and treatment. Each interaction of the clinician with the family informs the assessment and thus influences the next intervention.

Genograms help therapists get to know their clients and thus become important ways of engaging with families. Creating a systemic perspective helps track family issues through space and time, and genograms enable an

interviewer to reframe, detoxify, and normalize emotion-laden issues, as well as to flexibly shift and expand their perspective on the client's world. Because genograms provide a ready vehicle for systemic questioning, it begins to orient clients to a systemic perspective as well. The genogram thus helps both the therapist and the client to see the larger picture and to view problems in their current and historical contexts. Structural, relational, and functional information about a family can be viewed on a genogram both horizontally across the family's current context and vertically through the generations. Scanning the breadth of the current family context allows the clinician to assess the connectedness of the immediate players in the family drama to each other, as well as to the broader system, and evaluate the family's strengths, resilience, and vulnerabilities in relation to the overall situation.

We include on the genogram the nuclear and extended family members, significant non-blood kin, and pets who have been part of the family's life. We can also note significant events and problems. Current behavior and problems of family members can be traced from multiple perspectives. The identified patient (also called the index person), or person with the problem or symptom, may be viewed in the context of various subsystems, such as siblings, triangles, recent stressors, reciprocal relationships, multigenerational patterns, life cycle stages, and transitions, and in relation to the broader community, social institutions (work, schools, courts), and the larger sociocultural context.

By scanning the family system culturally and historically and assessing previous life cycle transitions, the clinician can place present issues in the context of the family's evolution over time. Thus, we include on a genogram cultural and demographic information about at least three generations of family members, as well as nodal and critical events in the family's history, particularly as related to family changes (migration, loss, and the life cycle). When family members are questioned about the present situation in relation to the themes, myths, rules, and emotionally charged issues of previous generations, repetitive patterns often become apparent. Genograms "let the calendar speak" by suggesting possible connections between family events over time. Previous patterns of illness and earlier shifts in family relationships brought about through changes in family structure and other critical life changes can be noted on the genogram, providing a framework for hypothesizing about what may be influencing a

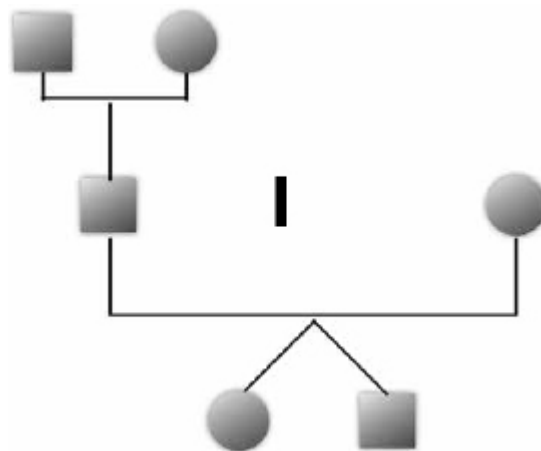
current crisis. In conjunction with genograms, we also create a family chronology or time line, which depicts the individual and family history in chronological order, an aspect of families that is not as easy to capture in a genogram.

The process of gathering family information can be thought of as casting an information net in progressively larger circles to capture relevant information about the family and its broader context. The net spreads out in different directions:

- ▲ from the presenting problem to the larger context of the problem;
- ▲ from the immediate household to the extended family and broader social systems;
- ▲ from the present family situation to a chronology of historical family events and future aspirations;
- ▲ from easy, nonthreatening queries to difficult, anxiety-provoking questions; and
- ▲ from obvious facts to judgments about functioning and relationships to hypothesized family patterns.

Clinical work entails holding this framework of the genogram as a context of time, space, and belonging as a framework for the assessment and the work of therapy. It becomes the key point of reference for exploring human problems from a systemic perspective that makes sense of all individual experiences in the context of where in the life cycle and where in relationships and functioning a person is at the moment of help seeking. This book will demonstrate the integration of genograms as a framework throughout the course of clinical practice.





Using Genograms in Clinical Practice

Simply put, a genogram is a map of who you belong to. For those of us who think systemically, genograms are the basic grounding map for therapy. A genogram offers the clinician a basic picture of who clients are, where they come from, and who matters in their lives. It offers a framework for understanding the present stresses, the past struggles, and the resources that will be available to you and your clients during therapy. Genogram mapping is an essential organizing tool to help clinicians understand clients and to help clients understand their problems and their lives. Without this kind of mapping, it is almost impossible to keep track of our clients' lives or to help them see the patterns in which they are embedded.

Genograms map the connections to the biological and legal kinship network as well as to the informal network of friends, pets, and work connections in a person's life. This map, along with a time line or family chronology, provides an essential guide for holding the complexity of a person's experiences, characteristics, values, network, and context in mind in assessment and therapy.

Genograms also map the evolution of a person's relationships, indicating who was important in the past and what earlier patterns may be

repeating themselves currently. They track the person's and the family's history, although we generally make a separate time line of the genogram information to make the relevant chronology more explicit.

Genograms also help us attend to clients' ways of belonging in the world, which are essential to healing. Our clinical job entails reminding clients of who they belong to as a way of helping them recognize their strengths. So often when people are in trouble, they feel isolated, forgetting this rich context of belonging. But everyone has a rich context, even those who feel currently alone. As Paolo Freire (1994) put it in *The Pedagogy of Hope*:

No one goes anywhere alone, . . . not even those who arrive physically alone, unaccompanied by family, spouse, children, parents, or siblings. No one leaves his or her world without having been transfixed by its roots, or with a vacuum for a soul. We carry with us the memory of many fabrics, a self soaked in our history, our culture; a memory, sometimes scattered, sometimes sharp and clear, of the streets of our childhood, of our adolescence, the reminiscence of something distant that suddenly stands out before us, in us, a shy gesture, an open hand, a smile . . . a simple sentence possibly now forgotten by the one who said it. (p. 31)

THE AIM OF THERAPY AND HOW GENOGRAMS HELP

Murray Bowen used to say that the ideal of mature relating (what he referred to as “differentiation”) is to have a person-to-person relationship with everyone in your family. If we start with the most basic aim of therapy from a systems perspective, we might say it is to help clients make the best choices for their lives. And in order to make the best choices we human beings need to appreciate that we are all connected to each other and to the earth, to the past and to the future of each other and of our planet. So making the best choices means aiming toward positive connectedness with family, friends, community, coworkers, and nature that surround us. The aim of therapy is to support clients' maximal self-effectiveness in their lives.

Assessment, engagement, and the work of therapy are always aimed at helping clients find the best ways to manage their troubles and

relationships. Genograms are a primary orientation tool for helping clients figure out where they have become stuck and where their best resources reside. As we learn about clients' lives in context, we can support them in figuring out which relationships they want to modify and how we can help them gather their strength for these efforts.

Before people can make the best possible choices for their lives, they must first be centered and able to think clearly where they are and what their connections mean to them. Without that centeredness, it is impossible to figure out where they want to be going in their lives and relationships. Assisting clients to view themselves in the context of their genograms is aimed at helping them figure out how to live in respectful relationships with others and with nature, to care for and be cared for by others as appropriate, and without exploitation or disregard for our world or for future generations.

This aim requires clients developing a solid sense of their cultural, spiritual, and psychological identity in the context of their connections to others. This requires appreciating that our lives are always a part of something greater than ourselves. It means, in effect, realizing that we are, to paraphrase Jorge Luis Borges (1972), "the embodied continuance of those who did not live into our time. And others will be and are our immortality on this earth" (Borges, 1972, p. 21).

The awareness that one is a part of what has come before and what will come after seems crucial for people's decision making about how to live their lives. Thus it is central in therapy, which is always a matter of ethics and existential choices for oneself.

The context for understanding people (see Figure 1.1), that is, the context of our belonging throughout our lives, includes the present context of our family and community, within the longitudinal context of our history, our present, and our future. It carries us all from birth and childhood through adulthood to death and defines our legacy for the next generation. Thinking about ourselves contextually is profoundly important for the problem solving that therapy offers.

Unless we take this context into account, we cannot understand what is really happening. It would be like listening to a single moment in music with no awareness of what came before or anticipation of the implications for what will follow. Without an appreciation of time, musical notes would have no meaning. We human beings are the same. Our lives are always on a

path from the past and into the future and they are always connected to others in all these contexts.

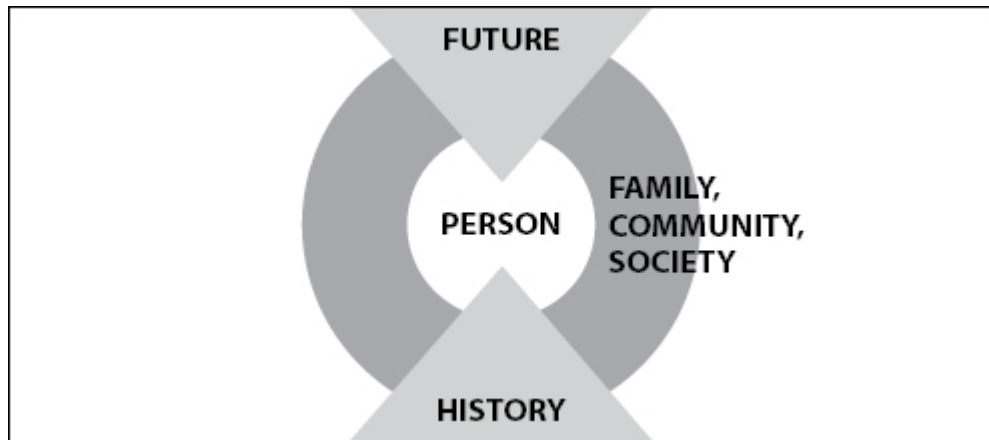


Figure 1.1: Context for Understanding People

Genograms help us focus with our clients on their context as they moves through time aware of the others to whom they are accountable and from whom they have derived their resilience. Genograms name the names of those people who are and have been in a client’s life and those who have come before.

When people come for therapy they have often lost their bearings, their sense of themselves in time, space, and relational context. Most of the time people seek help because of some problem in how they are feeling (anxiety, depression) or a problem in their relationships with other family members or within their community. This may have been brought on by a loss—an illness; a death; the threatened loss of a relationship, a job, their child’s functioning; or the loss of another family member. Often they feel let down by others or anger or resentment at others for not appreciating them. They feel they have been treated unfairly by others or by life. They may have a sense of “Why me?” or “Why should I have to be the one to take responsibility?” Or they feel inadequate to live up to a legacy that has been passed down to them. They have often become trapped in viewing themselves as victims of their own lives or family. Clients frequently come to therapy complaining about someone else, but at the end of the day, the only one they can really change is themselves. As Irving Yalom puts it in *Love’s Executioner and Other Tales of Psychotherapy* (2012): “The crucial first step in therapy is the patient’s assumption of responsibility for his or her life predicament. As long as one believes that one’s problems are caused

by some force or agency outside oneself, there is no leverage in therapy” (p. xvi). The therapist’s job is to help them ground themselves, see themselves as the protagonists of their own lives in their context, and figure out how they want to proceed.

While the dominant Western therapeutic interventions involve “talking it out” in individualized therapy, emphasizing confidentiality above connectedness, most other cultural contexts throughout history have viewed the essentials of healing to include restoring social supports and relationships—attending, in effect, to the person’s genogram. People have generally experienced music, art, song, dance, storytelling, and connections to their bodies and to nature as primary sources of comfort, support, and healing when they have had difficulties. These cultural expressions are always embedded in the client’s social context. In other words, they all operate in the context of the genogram. These contextual healing practices have meaning because they entail rituals that reinforce familial and cultural resonances of belonging to the community, to history, and to the future of the family and the group. Music, dance, art, storytelling, and grounding in nature are always shared experiences. Even if we are alone in nature, focusing on ourselves in context connects us to those with whom we share the earth and the sky. The sharing is part of the healing. Only in our very segregated, segmented society would the value of confidentiality outweigh the value of connection. So viewing the person in the context of his/her genogram is a natural way to think.

Using genograms in clinical practice hopefully inspires clients to become researchers on their own family process, to begin to think of their relationships systemically and to notice their own role in family patterns. All systems are interconnected. Thus, when a client begins to see his or her own behavior as related to that of others, s/he has a choice how to participate in each relationship moving forward. This helps people take back their power to relate to others according to their own values for relating rather than letting themselves be defined by other family members or by cultural rules they do not accept.

Ultimately, we hope that people can come to define themselves proactively in relationship to the others on their genogram without emotionally cutting off or giving in. The goal is for clients to access their power to be themselves and to relate in a generous way to others. This

requires having the ability to hold on to their own values, even when others do not support their beliefs.

Learning to think systemically means learning to view patterns in relation to one's own part in the system. Helping clients work on their genograms means helping them get past focusing only on the behavior of others, and learning to focus on their own part in the system, so they can make decisions to take responsibility for how they conduct their lives, no matter what others do.

Although therapeutic consultation at times offers mediation of couple and family conflicts, this is possible only when all parties have at least some willingness to negotiate, that is, a minimal belief that working things out will be better for them in the long run. If such willingness does not exist, we would propose, as Bowen would suggest, coaching those most motivated for change and leaving the unmotivated at home. Of course, if family members change their behavior, others in the system will be affected and their behaviors are likely to change as well, but changing the behavior of the other can never be the starting point of change.

When clients come in wanting a therapist to change someone else in the family—the child, the spouse, or the mother-in-law—the systemic work entails helping them notice their own part in the pattern rather than focusing on the other person's behavior. One person in the system may at times be willing to sacrifice almost anything to cause pain or to neglect another. At those points the systemic position will entail coaching the client to control his/her reactivity to the other person and to decide how s/he wants to proceed under such constrained circumstances. This might mean choosing to take full responsibility for one's children when the other parent has chosen to be negligent or abusive, or to take responsibility for the care of a parent when siblings have chosen to be irresponsible.

Helping clients understand themselves through their genograms can facilitate their determining what changes they are ready to make. Recognizing their connections to others can often give them the courage to do what is required to resolve their issues. When people come for therapy they almost always have a degree of ambivalence about change, along with distress about the current situation and wish for things to be different. Helping them tell their story allows them put their distress in context and figure out what change they are ready to undertake.

For example, when a person goes to a medical doctor for pain, he may just want the pain to stop. He may not really be ready to change his eating habits or begin a regimen of exercise to lower his weight or improve his cholesterol level. When he thinks only about himself, he may not want to change his eating patterns, but perhaps when he thinks of the implications for his spouse, children, and grandchildren, he may be able to think differently and make different decisions. It may even motivate him to think how he misses his father who “killed” himself by smoking and overeating and died at 43, when he was only 14. He may realize the long-range implications of his current behavior best when he thinks of himself in terms of all the people he belongs to, that is, all the people on his genogram.

Only by understanding where clients have been can the therapist help them decide what changes they are willing to make. Change cannot be undertaken based on the therapist’s motivation, even though the therapist will hopefully help clients see their options and the long-run possibilities of following one course or another. It is when the therapist appreciates clients’ history that s/he can really appreciate their dilemma. So the therapist’s role is to ask questions that help clients gain perspective on their situation. The decision about what to change always remains with the client.

Genograms thus become assessment maps to help therapists and clients situate the current problem in both time and context. They allow us to track who the client belongs to, who knows about the problem, who else has had similar problems or resilience in their lives and at what point in the family’s life cycle. If the client is coming about a marital problem and describes all other marriages in the family as relatively problem free, it will lead to hypothesizing in directions beyond the couple problem. If all the other marriages have had major problems, the therapist and client may evolve hypotheses about the challenges of couplehood, perhaps leading to a vision of the client as a pioneer, creating a marriage different from those that came before.

Family Chronology or Time Line

- **Demographics:** Birth, marriage, separation, divorce illness/accident, death, lawsuit/legal problem, income increase/decrease
- **Migration & Moves:** In or out of household or area
- **Relationship Changes:** New relationship, cutoff or conflict

- **Functioning:** Onset or exacerbation of illness, legal problem, trauma- job loss, school or work problem
- **Anniversary Date:** Time of year of previous trauma or loss

Figure 1.2: Family Chronology or Time Line

Using a family chronology of key events and changes (Figure 1.2) helps to highlight genogram information, guiding the clinician and client to view patterns at particular moments in the life cycle or in the family history at which key patterns became fixed. Tracking key changes—disruptions, dislocations, entrances and exits of family or friends, and even positive changes such as getting a new job or buying a house—can be stress points that have become invisible to clients as they have overfocused on the presenting problem.

GAINING A FAMILY LIFE CYCLE PERSPECTIVE

Genograms encourage clients to think in terms of the life cycle, that is, to pay attention to the ongoing processes of life as families move from young adulthood, which we consider the best starting place to think about a new generation of a family, through courtship, marriage, becoming parents, raising children, negotiating life with adolescents, launching the next generation, and proceeding through midlife, aging, and death. Of course, many people do not have partners or children, but they are nevertheless part of a cohort that is engaged first in being launched and then in evolving peer relationships and relationships that include mentoring the next generation and caring for elders, before they themselves are supported by those next generations in their last years of life. These life cycle processes involve the whole family and the community in shared relationships both intergenerationally and with their peers. Without these relationship connections and webs of interdependence we would not survive as a species. The meaning of our individual lives is always entwined with the lives of others, as it is with our geography. Thus it helps in exploring genogram patterns to think about which phase of the life cycle clients are at currently and to inquire how previous generations dealt with that phase. If previous generations struggled with adolescence, it will not be surprising that the current family has come for help at this phase. If loss was a

problem for previous generations, we can expect later generations to be uneasy with these transitions as well.

GAINING A CONTEXTUAL CULTURAL PERSPECTIVE

If we look carefully enough, each of us is a “hodgepodge.” All of us are migrants, moving between our ancestors’ traditions, the worlds we inhabit, and the world we will leave to those who come after us. The consciousness of ethnic identity varies greatly within groups and from one group to another. Many people in the United States are of multiple ethnicities or grow up not knowing their ethnicity at all. Our clinical work entails helping clients locate themselves culturally to overcome the sense of mystification, invalidation, or alienation that comes from not feeling culturally at home in our society. Understanding ourselves in context means acknowledging all our roots—those of the exploiters and those of the oppressed, those of the heroes and those of the forgotten siblings, aunts, and uncles.

Our personal contexts are largely shaped by the ethnic cultures from which we have descended. A key part of helping clients understand their genograms involves helping them explore this cultural context. We help clients become curious about their ancestors’ behavior, beliefs, relationships, and dreams. Everyone has a cultural heritage, even if s/he doesn’t know what it is. We help clients appreciate the complex web of connections within which their identities are formed, which cushion them as they move through life, and which will influence those who come after them.

Every family’s background is actually multicultural. All marriages are, to a degree at least, cultural intermarriages. No two families ever share exactly the same cultural roots. Ethnicity is continuously evolving. We are all always in a process of changing ethnic identity and incorporating ancestral influences, while forging new and emerging group identities, in a complex interplay of relationships with each other and with outsiders. We all have many different identities as we move through life. To define ourselves as belonging to a single ethnic group, such as “Irish,” “Anglo,” or “African American,” may greatly oversimplify matters. We may gain power in naming a group we belong to, feeling solidarity with others who share our values and traditions, but the multiple parts of our cultural heritage

rarely fit into the description of any one single group. Offering one name may render invisible the complexities, though on the other hand, there is no way we can speak at all without oversimplifying (McGoldrick, Giordano, & Garcia Preto, 2005). So while we are likely to begin our cultural inquiry by asking what a client's cultural heritage is, we will also be helping them unpack the complexities of this as we go along. If I say I am "Irish" I will need to explore the specifics of my heritage in terms of what my ancestors' history was in Ireland, when in Irish history they migrated, what locations they came to in the United States, what ethnic groups they encountered, and how and why they may have remigrated as time went along. All these factors will contribute to my particular identity and sense of belonging or of "otherness" culturally. And all these issues are likely to influence my ways of relating to others. And the next major cultural issue is what groups they intermarried with. Although all of my own grandparents were Irish, I married a Greek immigrant whose ancestors lived for centuries in what is now Turkey, and my son married someone who is half Italian and half Greek. My siblings married into other cultures as well, and my nephew married someone from South Africa, so our family's cultural context is expanding dramatically, as we speak, just as everyone else's is. Thus ethnicity is an ever more complex phenomenon, which must also take into account the complex and changing religious and spiritual backgrounds of each part of the family and their varied and changing social locations as they go through life.

Clinicians cannot, of course, become cultural anthropologists in order to work effectively with diverse populations. But an openness to cultural patterns, including one's own, seems essential for clinical engagement. Most clients will be of different backgrounds than the therapist, whether by race, ethnicity, social class and location, gender, sexual orientation, religion, geography, or life cycle stage. So therapists' openness to the particulars of their own cultural values and attitudes is an essential aspect of what they bring to the encounter with clients. Therapists must be ready to notice whether and how clients' worldviews differ from their own. It is essential also to have a framework that allows clinicians to notice and assess the cultural parameters of the training programs in which they have participated, the cultural assumptions of the dominant schools of thought in psychology and mental health through which they have been educated, as well as the assumptions of the authors of the *DSM* and other bodies

(economic, political, financial) whose ideology determines priorities in health care delivery.

As a clinician you will need to help to build bridges between your clients' world views and those of your agency, the insurance industry, and, of course, yourself. It is generally thought that assets for engagement include strong curiosity, a good sense of humor, and a high degree of cultural humility—that is, the awareness that whatever “true truth” is, none of us have a real corner on it. In other words, we must own the truth of our whole genogram, however complex it is, to connect most honestly with our clients' genograms.

THE IMPORTANCE OF “HOME” WITH GENOGRAMS

We have come to realize that a core aspect of genogram work and exploring a client's life narrative involves paying attention to the client's sense of “home” (Figure 1.3). This refers to where the client feels s/he has a sense of comfort and belonging. Many clinical mistakes come from ignoring this dimension of a client's context. Does the client feel “at home” with key people on his/her genogram—parents, siblings, spouse, children? Are there physical places the person associates with feeling comfort or belonging? Do school or work places seem like home? Or are they places where the client feels “other,” isolated, a misfit? With whom on the genogram has the client ever felt most at home, comfortable, loved, unconditionally appreciated?

Getting centered involves understanding oneself in context, which means having a sense of identity individually and with others. This includes developing of a sense of belonging, or “home,” as one goes through life. Researchers on African Americans and others who have been marginalized in our society have written often about the need for “homeplace,” for belonging, rootedness, and connection to place and kin as a crucible of affirmation for their sense of social and cultural identity (hooks, 1999). “Homeplace” involves nuanced, multilayered individual and family processes that are anchored in a physical and psychological space. This sense of home elicits feelings of empowerment, belonging, commitment, rootedness, ownership, safety, and renewal, enabling people to develop relationships that provide them with a solid sense of social and cultural identity. As Linda Burton and her colleagues have demonstrated,

“homeplace” is a pivotal concept for grounding all individuals and families throughout the life course (Burton, Hurt, Eline, & Matthews, 2001; Burton, Winn, Stevenson, & Clark, 2004; Stevenson, Winn, Coard, & Walker-Barnes, 2003).



Figure 1.3: The Meaning of Home

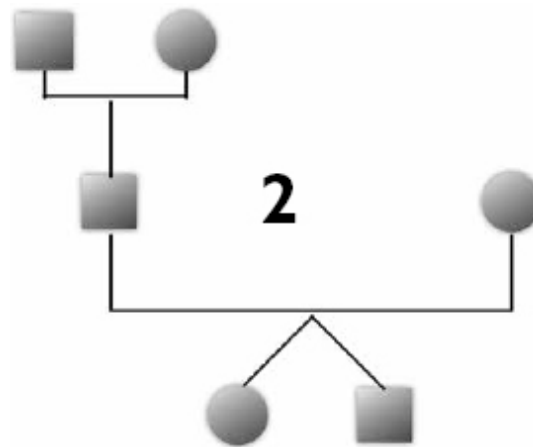
While the particulars of the meaning of home are likely to change over the life cycle, the need for a sense of belonging remains essential to our well-being throughout life. Genogram questioning should always be conducted with an eye to where in their context people feel at home and where they do not. It is especially important for groups at the margins of our society, who are denied a sense of belonging by the dominant culture, and for immigrant groups, who must find ways to recreate their sense of community in a new culture to have places where they feel the safety of belonging. Many people in the United States do not seem to have an evolving sense of themselves as community members or participants in the evolving national or global community, a lack which we know causes feelings of disconnection and anomie. Thus therapeutic intervention needs

to take the comfort of belonging into account and encourage people to take steps to feel the safety of home.

A sense of home provides the security and safety to develop self-esteem and political consciousness, and to resist the oppressive forces of our society (Burton et al., 2004). Those who are gay, lesbian, bisexual, or transgender may need special adaptive strategies to find a place where they can feel at home, because the very homeplace that others rely on fundamentally may be a place of great danger for them. This is often true as well for children whose families suffer from mental illness, violence, addictions, and other negative or disruptive forces.

Home may be a physical location with physical associations, but it is also a spiritual location. Burton and her colleagues provide insightful clinical examples of proactively attending to our clients' needs for the continuity and belonging provided by the concept of "homeplace" (Burton et al., 2004). Transferring clients to a new therapist or a new physical home, which distances them from important friend and kin connections, even where there are also serious dysfunctions, may compound their distress.

The concept of belonging, homeplace, and connection to what feels safe is at the core of any meaningful clinical work. Grasping where this sense of home is for a client is an essential part of any assessment and should be reflected on every genogram. Clinicians and policy makers who do not consider clients' deep-seated need for continuity and belonging as they go through life, especially through traumatic transitions and disruptions, are likely to increase the trauma of the original experience by ignoring the importance of their clients' connectedness. Genograms are maps of one's history of home and disruption, including those one belongs to spiritually, legally, and biologically and the wounds that have occurred. Through our clinical efforts, we can validate, empower, and strengthen family and community ties—or, by ignoring them, we can perpetuate the invalidation, anomie, and disconnections of our society, which privileges individualism, autonomy, competition, and materialistic values over connectedness to one's community, with whom one is linked by history and hopefully by a shared future.



Getting Started: Introducing Genograms with Clients

At bottom, in seeking for the deepest “why” of my pain, I was educating my hope.

—PAOLO FREIRE

CREATING A SAFE CONTEXT FOR COLLABORATION

The first task in starting therapy is to create a context in which clients are able to share aspects of their lives and problems that are meaningful to them, even though they don’t know or have reason to trust you yet. Genograms are generally an easy way to help clients tell their story and by your careful listening to build their trust. In learning the “why” of their pain, as Paolo Freire put it, we are also educating their hope. Genograms contain the history of pain as well as the trajectory of survival, resilience, and hope. The process of therapy involves collaborating with clients in exploring their genograms and helping them see their relevance. This requires careful listening to the client’s story for themes and connections between the past, the present, and the future. It is essential for clients to bring relevant parts of

their narrative into the therapy room in order to understand where they are trying to go. But for them to be able to do this they must feel the safety and support of a collaborative connection with a therapist who is listening. Engaging clients requires genuineness and respectful inquiry as a start and then curiosity, attentiveness, empathy, and collaborative exploration of the genogram. To listen with curiosity and empathy the therapist must be convinced of the relevance of learning clients' stories and finding out to whom they belong, whom they have loved, who has loved them, what difficulties they have experienced in life and how they have weathered these experiences, what their core values are, how they have arrived at these values, and how their values fit with the values of others in their family and larger context.

We ask clients who has been important in their lives, inquiring about basic genogram information, which can help to put people at ease when they are naturally guarded about revealing personal issues to a stranger. It helps to bring those they belong to into the room. For adolescents, for example, telling you about their friends may be the first, best way for them to feel at home in a clinical situation. Their friends are often their lifelines. They often relax considerably when they see you take an interest in their friends and write their names down. It also gives you a key reference point: "Have you talked to Dante about this problem? What did he think?"

For some people, talking about personal relationships is a threat, because of the traumatic experiences they have had in their families or their fear of exposure in front of certain family members. So inquiry must be undertaken sensitively. The most important objective at the outset is to have a conversation that helps clients decide whether to continue therapy and toward what goal, so that, if you decide to proceed together, you can begin to formulate a contract for the work. This means that you need to take your clue from clients about how much they feel comfortable sharing as you begin. It is a good idea to explain your need to know certain information. Hesitation to share is natural, and we should assume clients will initially be uncomfortable sharing personal information. When they are reluctant, it will help to acknowledge their difficulty sharing with a stranger, while also conveying your interest in understanding and helping them sort through their situation.

For other health care problems practitioners can rely on physical signs and symptoms and offer physical interventions from surgery to salve or

medication. But for psychological problems the first path of response is necessarily conversation to understand their experience and then offer them a refreshed perspective on their situation and their possibilities for action. Clients in distress may not know how therapy operates and may need some socialization on how the process works and what they can reasonably expect from it.

Most clients come to us in a state of uncertainty about how to solve their problems or they wouldn't be there. It is important to inquire about the client's hopes and fears for the therapy itself.

- ▲ What is the client anticipating?
- ▲ Are there reassurances that the client seeks for the encounter?

These questions are essential in order to build a collaborative alliance for clinical intervention. We can assume that if there are cutoffs or serious conflicts in the family, genogram questioning about those areas will need to be done carefully.

For this reason, hopefulness and belief in the possibilities of therapy to help people solve problems are essential. At the same time the therapist must beware of getting too far ahead of the clients in hopefulness or s/he will end up taking too much responsibility for the process, rather than setting up a collaboration for the work. Bowen used to say that he spent 50% of his therapy time trying to stay out of the client's process and only 50% of the time helping the client sort through the problems.

Some clients come in so angry or frustrated that they have a hard time listening to the conversation. If you are overcome by anger, you cannot take responsibility for your part in the system; you only have room mentally to think about where the other person is wrong. To really engage in therapy there has to be some acknowledgment that "I have played some part in the process—even if I only want to work on the 20% that is my part of it." One client, who was going on and on about how terrible his wife was, told me at the end of the hour that he hadn't heard anything I said for the past half hour after I made a comment that maybe she wasn't such a "bitch" but was enabling him to get stronger through her behavior. His very frankness in recognizing and admitting this was a very good prognosticator of his motivation to work, and he did indeed succeed in listening and working hard to change his relationships in the next few months.

Generally, the presenting crisis will have to abate before the client will be calm enough to think about other family members. We often joke that the therapist needs to clarify: “Can we talk about your husband (mother, sister, boss, child, etc.), or do you just want to kill him/her?” The job in the first few sessions is usually to help clients reduce anxiety about the presenting problem, and place it in a larger context.

BEGINNING THE INQUIRY: CONNECTING THE PRESENTING PROBLEM TO THE GENOGRAM

I generally offer at the outset something like: “Why don’t you tell me what brings you here, and then we’ll get to some background questions, so I can understand a bit about your situation.”

I ask the client to give me a brief idea of the presenting problem and the process of referral to therapy. I let clients know right away that I will then want to ask history questions to make sense of the situation. I don’t generally let the discussion of the presenting problem go on for more than a few minutes without gathering some background or genogram information, because that is the only way I know to make sense of the presenting problem. I may shift the conversation by saying something like, “Let me ask you a little bit about your family and background so I know who you’re telling me about.” I then begin asking who is in the family.

I do not usually announce that I am going to do a genogram, but anything they tell me about themselves goes right on the skeletal genogram I always prepare before seeing a new client. In fact, I generally prepare for a session by having a sheet for notes, a skeletal genogram, and a family chronology all prepared. On the chronology I make sure to note when the problem began and any key issues the person mentions such as major stressors or key dates of marriage, birth, death, illness, and so forth.

I begin the session by asking if they mind if I take notes on my computer. Even if they start out a bit uneasy, they generally go along and even get enthusiastic that I am paying careful attention and noting down what they tell me. Once in a while a person will ask me not to take notes. If so I go along with them for a little while, but my memory is not that great, and I will usually need pretty soon to make the point that I cannot hold everything they’re saying in my head and need to make notes as we talk.

I make notes of their responses to the following questions:

- ▲ Do they have a spouse or partner?
- ▲ How many children do they have, and who is the other parent of each child?
- ▲ Are their own parents alive, and, if so, how old are they? Where do they reside? How is their health?
- ▲ How many siblings are there? What work do they do? What is their education, marital, and family status? Where they are located?
- ▲ How close does the client feel to each sibling and to the parents?

I will generally ask for basic information about aunts, uncles, and siblings and then about who else is important in the client's life. Who else knows about the problem? This may lead them to details about their close friends, whose information I will also put on the genogram. I ask about the work situation, and if there are stresses or recent changes. I also ask if they have pets and put them on the genogram as well, as pets are often a major resource to people and a source of particular comfort to people under stress.

In other words, I try to get the basic information about who is in the system—birth order, location, relationships, level of functioning of immediate family members and other key people. I also seek indications of members who have been off track in the life cycle—untimely dysfunction or traumas, which may reflect both stressors and adaptive strategies, and which we can use to move forward. In addition to who else knows about the problem, I want to know what other advice has been given to them about the sort of help needed. This can be an important indicator of triangles in the system. If, for example, the grandmother was opposed to their seeking help or the best friend thought they should put the child in individual therapy, it may be relevant to the client's willingness to engage.

I keep my notes on my computer when I am with clients and keep the genogram file as well as the timeline available in each session to track the family chronology and to contextualize information they give me, so I can note new information and patterns as they emerge along the way and to remind myself of the basic context in which they live.

I think of the first session as a consultation, the arc of which should include:

- ▲ establishing some rapport with the client;
- ▲ getting a sense of the presenting problem;

- ▲ getting a sense of the client's context, background, and life cycle patterns;
- ▲ having time to discuss my initial impressions with the client; and
- ▲ making a plan to proceed or to refer, if appropriate.

Once I have the basic members of the system with their names, ages, whereabouts, and level of connection to the client, I will begin to track the presenting problem through the extended family and through the phase of the family life cycle they are in currently. I then track that life cycle phase in previous generations and for the siblings.

If the client's life cycle stage is early marriage, I will want to know particularly about the parents', siblings', and grandparents' early marriages and those of key friends. If adolescent rebellion is the presenting problem, we will track the parents' adolescence and that of other family members (siblings aunts, uncles, cousins, grandparents). As Betty Carter used to say, it is always good to ask what a client's relationship was like with his/her parents during adolescence, because it usually provides the cleanest vision of the core triangle with parents and the key themes in the family. Later in life this parental triangle is likely still operating, but it may have become subdued or dormant rather than blatant, as often happens in adolescence (Carter, unpublished notes).

It also helps to find out about the client's "leaving home story" and those of the siblings as well. Was it one of rebellion or of "Goody Two-Shoes?" That story gives you hints about how the client related to the system and how the system reacted to the person. It gives clues about how the system works. This is a common time for symptoms to develop. For example, if the oldest child collapsed into dysfunction at this phase, the family expectations may have been too high. In open systems there is room to disagree and state the case for oneself. In closed systems pressures are more subtle and children may only be able to tell their parents what they want to know and hear.

Engaging clients inevitably entails drawing them toward the concept that understanding and solving their problems will take time and will involve collaboration with the therapist in talking about their relationships, history, and other issues they have dealt with in the past.

If it seems to make sense to both the client and to me to proceed with therapy, I will often convey toward the end that I think it is good they came, because they do seem to be struggling with such-and-such issues and I am

hopeful that I can help them. But, I often add, to tip my hand about my orientation in case this is a big problem for the client: “The good news is I think you have a great likelihood of making progress on the problems you came here for. The bad news is that I may at some point ask you to bring in your mother.” I say this for several reasons. I want to plant the seed that people’s family members are in general relevant to their work and also to convey how important I think it is to learn about the family. If clients seem ambivalent about proceeding, I usually urge them take a little time to think it through and call me back in a few days, rather than making another appointment on the spot. There must be a readiness to explore issues at the surface before clients can really engage in therapy. If I press them to make a decision on the spot when they are not ready, I may activate their resistance, rather than drawing them into a collaborative inquiry about their issues. At times clients are even overly eager (usually on another family member’s behalf), and those are situations where I want to be especially cautious about pushing for a therapeutic contract. I would rather they take time, think it over, and come back when they are really ready to engage.

Addressing Reluctance to Share

Some of the things I often say to address clients’ reluctance to share include:

- ▲ “I expect it may take a little while for you to be sure you can trust me, so I urge you to let me know if there is something you don’t yet feel comfortable discussing . . .”
- ▲ “You seem a bit reluctant to talk about that, which is understandable, because you don’t know me yet, but let me give you a little framework for why I’m asking you about that, so you can understand where I’m coming from . . .”
- ▲ “It will take us a while to understand each other, but let me just put out here one of my basic beliefs about therapy, in general, which is that the only person any of us can change is ourselves. So, as I see it, therapy is always about trying to understand and change our own behavior—perhaps hoping the other people around us will change as well, but we can never be sure that will happen. What do you think about that?”

- ▲ “Since this is your first time in a relationship like this, let me tell you a little bit about how we usually do this. We usually meet for a few sessions for about 1 hour, talking things over and thinking about what has been happening and what you want to change in your life, and then maybe space out sessions so you have more time to try the changes we are discussing. Most people need to come for a few sessions before they can really tell whether therapy is helpful. That may seem like a big time investment to you. What do you think?”
- ▲ “I can see that talking about your grandmother seems to you irrelevant to your current problems. But in my way of thinking, the experiences of those who came before can frequently be helpful to understanding your current situation. Can I ask you to give it a little time? Then, if you still don’t see it as relevant, let’s talk about the issue again. Okay?”

Painful aspects of a client’s life history need to be managed carefully and drawn forth only when there is a context to hold these experiences. The therapist needs to be sure that a context has been created in which retelling the experience will not cause retraumatization of the client. It is extremely important also that the clinician pay great attention to the resources and resilience of clients and not get bogged down in the search for pathology, dysfunction, and historical trauma, which has been the main thrust of most psychological assessment to date. Of course, clinicians must generally come up with the numbers required for a *DSM* diagnosis, or we will not get paid. But to think systemically we must not buy into this diagnostic labeling as a real definer of human experience or we will never be free to connect with our clients’ resilience and potential for survival and transformation.

Establishing Rapport: Can We Talk? When and How?

The clinician has hopefully had the opportunity to sort through in his or her training the basic questions of when and where talking about problems can be helpful and when and where it can potentially be destructive. To relive a trauma in the retelling may be cathartic or retraumatizing, depending on the context. Talking about issues before one has trust with a therapist could also cause a client to have a sense of losing face and of embarrassment or shame after the session. Therapists must be wary of asking questions that draw forth narratives they are not yet prepared to help the client manage. The

therapist has more responsibility for the flow of information in a session than the client.

Before you ask a client a question you need to be sure you are prepared to handle the answer. If you ask a client at the outset if his parents are alive, you need to be ready to manage the answer that a parent committed suicide or died in a mental institution. Furthermore, if we inappropriately ask about sexual abuse and other traumatic experiences too early in our relationship, the patient will most likely not be able to tell the truth and it may well impede the clinical engagement. If you ask a client in the first 30 minutes about physical or sexual abuse, you should be prepared not always to get a truthful answer. Linda Burton's research (Burton, 2010; Burton, Purvin, & Garnett-Peters, 2009) and that of other researchers on trauma have demonstrated that it often takes years before a person is able to disclose such experiences. This provides a conundrum for clinicians forced by their agencies to rule out this or that traumatic dysfunction in the first half hour of consultation. It sets up a situation of unreasonable expectations for the therapist and for the client. Clinicians always need to have colleagues with whom they can share the truth and challenge such unreasonable expectations for how to proceed with an assessment. But, first of all, clinicians have to be honest with themselves and admit that they cannot do the impossible.

If I find midway through the first session that I am only hearing the negatives, I will intentionally begin my inquiry into who the client has loved, who gives him or her hope, and what his or her sources of resilience are. I always want to know about this, but if the difficulties have been enormous, knowing the specific sources of resilience can help me to frame each incident of trauma in future conversations to clarify the transformative aspects of their experience. It is essential to seek at every turn the sources of resilience in a client's narrative. "Perhaps your mother was unable to leave her alcoholic, abusive husband, but she certainly showed strength in her ability with almost no financial resources to see that all eight of her children finished high school. She must have seen education as a way to save the next generation and brought this forth in seeing to it that her children could have the benefits of education."

THE INITIAL INTERVIEW

The Presenting Problem and Whom to See

Any clinical assessment begins with the presenting problem. It is always relevant to ascertain who is defining the problem and how others in the client's context view the situation. If a husband has decided the problem was his and the wife apparently accepted that, it makes sense to accept that definition initially, though when you meet with the person you will want to discuss the details of why the client doesn't see the partner's inclusion as relevant. And you may then need to request to meet the spouse.

In other situations the referring person or agency, school, hospital, or another therapist may be the one actually defining the problem. In such cases you will have to work with the client to come to a consensus about the presenting problem in order to even begin to work. Sometimes it is one family member defining another as the problem. The husband may be sent by his wife or the child may be presented by the parents as the problem and they are there just to "help" the therapist. In any such situation the therapist will have to negotiate to define a problem and a "customer," someone who is willing to work on definable issues to make therapy worth while. Murray Bowen always said the best rule of thumb was to work with whoever in the family is motivated for change. That seems a good policy, although it may take some doing to help family members even recognize their motivation for change. You can never define how to conduct an initial session cookbook fashion, because you never know people's story until you enter into the conversation. You always have to be ready to change gears, depending on what occurs in the session. There is thus no way to have a manualized format for collecting genogram information, since a genogram is just a format for mapping a person's story. When you have a systemic framework (a framework based on the idea that ultimately everyone is connected to everyone and everything else), questions about how a client is connected to those who came before, those they are going through life with now, and those coming after will follow. The specific timing of questions is part of the art of therapy—having the intuition to make the questions flow from what clients offer toward a systemic perspective that sees everyone as connected.

I probably spend most of my clinical time with individuals, although, if people are living as couples, I would prefer to work with them together. This seems the most efficient way to work, unless their anxiety is too high to concentrate in the presence of the partner. In such cases I prefer to work with them separately. Only occasionally do I meet with other family members or

with a whole family group. Some people think family therapy is a modality whereby you always see family members together. But from our perspective family therapy is a way of working where we are always thinking about people in their family, network, and cultural context. From this perspective, whom you decide to invite to a session on a given day is a strategic question. You might bring in someone's mother or work with the couple, or see only one person for the whole course of therapy. But you are still always doing systems work, because that context always provides the framework within which you help clients consider their lives.

Most of our work entails helping clients draw a larger circle that conveys a sense of belonging to their family, community, and culture in the past, present, and future. This context entails drawing on their resilience and supporting their resources to find hope, and transforming bitterness, anger, and pain into forgiveness, empowerment, and liberation. It entails highlighting the client's broad social context and acknowledging the power dynamics embedded in all social systems. Therapy is also always a matter of facilitating clients' clarification of their values and development of behaviors that conform to these values in conducting their relationships.

This can be a conundrum because we are helping people acknowledge the ways in which they have been mistreated by other family members or by society, but then challenging them to define themselves for themselves and take responsibility for how they want to proceed, in spite of whatever unfairness has happened to them in their lives. So one aspect of therapy pertains to helping clients recognize when they have been in abusive contexts, and a second aspect pertains to helping them decide what they want to do now. What choices do they want to make going forward—that is the only area of change open to them.

Another essential realization about therapy is that the clinician's job is to coach clients from the sidelines, never to become built in as primary members of their lives. Therapists are and should remain, as we say, "the hired help." We are consultants whose job is to help clients stay on track and steer them toward their goals. As such, clinical work is always systemic and relational, no matter who comes to the therapy room or is identified by themselves or others as the client.

For example, Martha Jackson (see Figure 2.1), who had consulted with me periodically with her ex-husband about dealing with their sons, requested to meet with her fiancé, Paul, with whom she had been in a 10-year

relationship. The couple had moved in together the previous summer, but they were now in continual negative interactions or standoffs. When Martha brought Paul in, he announced that he was just there to be an observer. After several minutes of each of them complaining about the other, and Paul reiterating that he was just there as an observer, I felt I had to ask Martha to leave and check in with Paul alone to find out where he was really at.

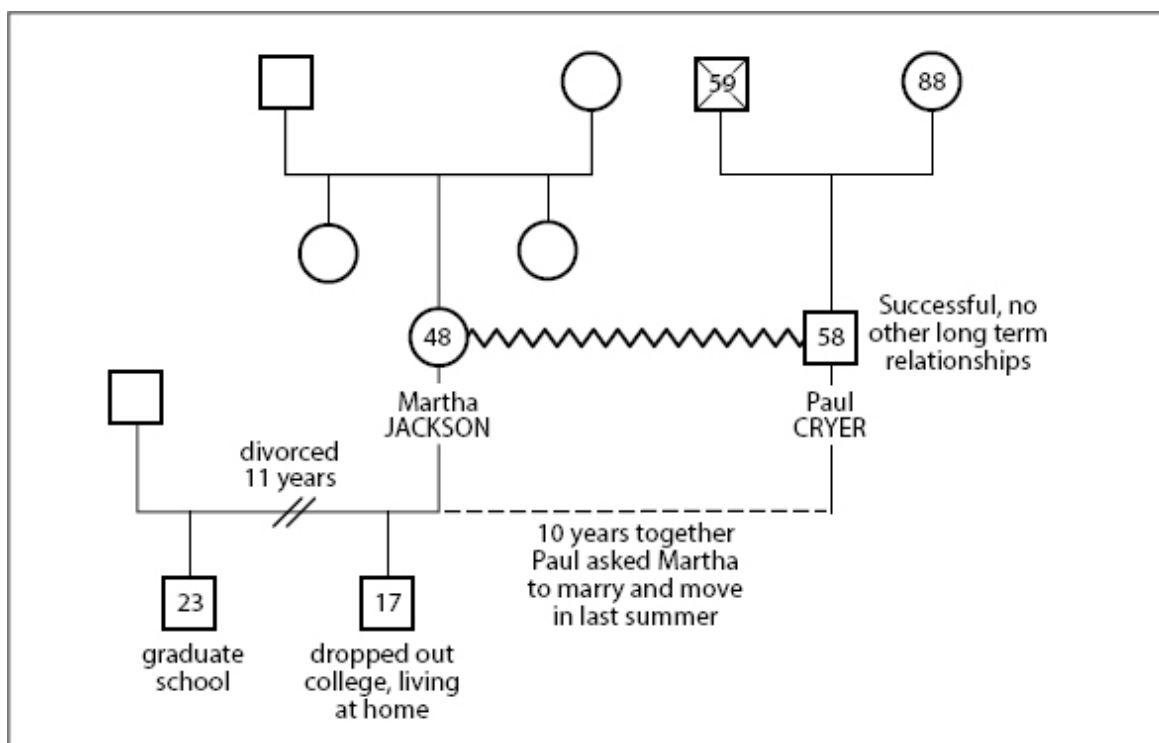


Figure 2.1: Martha and Paul

An only child, Paul was 58 and had never been married. Nor had he been in a relationship that lasted more than a few years. This was by far his longest relationship. He was attractive, smart, and successful, and his relationship difficulty seemed puzzling. I asked him about his parents. His father had died of a stroke at 59, more than 2 decades earlier, and his mother was still alive at 88. He described both parents in very positive terms, but whenever I asked him what had attracted him to Martha or made him stay with her for 10 years, he veered off into what was wrong with her or made sarcastic comments, suggesting that maybe it was time to let the relationship go.

Finally I decided to challenge him directly to see whether he had any investment at all in exploring his relationship with Martha. I would generally

not press this directly with a new client, but he had been so firm in defining himself as an observer that I felt I had only this one chance to challenge him to engage around the couple's obvious problem. I reiterated my previous appreciation of how frustrated both he and Martha were at their current situation. But, I said, after 10 years investment in the relationship it seemed to me it would be worth taking a good look at what was going so wrong, since only 8 months ago he had felt things were good enough to ask Martha to marry him. Here he had an opportunity to explore this with a consultant. Why not take it? I noted that he appeared to have been successful in the other areas of his life, with work, with friends, and with his parents. I also said that, given his age of 58, and the fact that his father lived only to 59, he might want to take himself very seriously and look carefully at what might be going wrong, since none of us ever know how long we have got and this was the longest relationship he had ever been in.

And yet, I pointed out, as intelligent as he obviously was, he had been completely unable to answer my repeated questions about what had attracted him to Martha in the first place. I told him bluntly that I thought he owed it to himself, given his age and circumstances, to look carefully at where he had got to, if not with me, then with someone else, because he didn't seem to be able to think about it very clearly on his own. I told him frankly that I thought telling Martha and me repetitively all the things that she was doing wrong in their relationship was a waste of his time.

Gradually he slowed himself down and said he did think it would be worth taking a look at how he had gotten here. I said we only had a few more minutes that night and that I thought he would need to commit to at least three or four sessions to consider his situation. I asked if he wanted to do that and he agreed to bring Martha in and ask her if she would agree to meet with him to see what was going wrong.

I would have been more impressed had he acknowledged his need to explore his situation even if Martha did not want to continue, but I took it as a good sign that he was interested in having the conversation with her about their situation, since up until now they had not been talking to each other at all.

The point about defining the presenting problem with each person is that the clinician needs to make a judgment in the assessment about who s/he will be working with and toward what aim. It is also relevant to ask clients who in their life knows about the problem. A related question is who may be

relevant but perhaps does not know about the problem, and what the impact of discussing the problem might be.

Paul said no one in his life knew how bad things had gotten with Martha since they had moved in together. I suggested that from what I know it is important to have at least one person in whom you can confide what is troubling you, so maybe thinking about who that person could be would be worth his consideration.

Life Cycle Stage and Concurrent Stresses

In any assessment you always want to determine what factors in the client's life may be influencing their distress at the current moment.

- ▲ What life cycle stage are they in, and are there stresses related to that stage that have not been addressed?
- ▲ Are there concurrent stresses that may be compounding the current situation for the client and/or the family, such as work problems, financial strain or debt, anyone moving in or out of the family, an illness or other disruption?
- ▲ Were there stresses or disruptions at this age or life cycle stage in previous generations?

In Paul and Martha's situation, we would want to ask what either partner thinks about Paul being now only 1 year younger than his father was when he died.

Does Paul have concerns about his mother, who, though apparently in good health, is at an age where she may need more caretaking? As he is her only child, this may require changes for him.

Is there something about the transition to couplehood that is threatening to him? He is "late" for the phase of becoming committed to a couple relationship. It would be good to track others on his genogram to see how their coupling process went, as well as his other couple relationships since young adulthood. The very late timing of his decision to marry for the first time may relate to a pattern of commitment struggles of other members of the family.

Or perhaps there are stresses in Martha's family that are triggering Paul as well as Martha now. She has two sons who are at the stage of launching. Perhaps Paul recognized the potential problems in forming a remarried

family with teenagers and thus delayed their couplehood because of that. Perhaps now there are some problems with the launching of Martha's sons that may be triggering Paul's getting cold feet, and perhaps these factors relate to patterns in Paul's own family that may trigger him.

The Family's History

The therapist needs to know who is in the family and their whereabouts, level of functioning, and relationship to the client. The information on the genogram can specifically help you to understand not only the presenting problem but also the vulnerabilities and resources of the system.

- ▲ What are the relationships between the client and others in his/her network?
- ▲ What untimely or traumatic losses or problems have family members had to deal with in the past?
- ▲ What are the family's assets and resources?

All of the members of the client's context need to be drawn on the genogram with key demographic issues and relationships indicated.

In the case of Paul and Martha, we would want to know details about the three-generational genogram on each side and be sure how everyone feels about their connection to each other. Paul would be coming into a situation where he would have to maintain some relationship with Martha's parents, siblings, and children, as well as with her ex-husband. Martha would have to deal with Paul's mother, who has had him to herself all these years and would now need to accommodate a new relationship. The pattern of socializing of both families will be relevant as well, since the couple have had a long pattern of Martha socializing separately with her children. Now, after many years, they would need to rearrange their social life to include each other more fully. The therapist would want to explore how such later life relationships worked out for others in each of their families and if there were any remarried situations that did well in the past.

The Family's Problem-Solving History

The therapist will want to know how previous problems have been solved in a family.

- ▲ Has anyone ever sought a therapist's advice?
- ▲ Is it viewed as a loss of face to seek outside consultation?
- ▲ Do members of the family seek support from others within or outside the family?
- ▲ If it is a marital problem or a problem with raising or launching a child, how have these problems been dealt with in previous generations?

In Paul and Martha's case, this exploration of problem solving would be particularly relevant, since they did not seem to be doing well at problem solving at the time of the initial meeting. It will help to explore how problems were overcome in each family of origin and how each partner developed problem-solving strategies that worked thus far in their lives by asking questions like: How did your mother manage when she disagreed with your father on issues as you were growing up? When problems got pushed underground, how did your parents and grandparents get past the issues that divided them?

Cultural Context of the Client Family

The therapist needs to know the cultural context in which the current problem has developed and been maintained. What meaning do family members give to the problem, and how may this relate to their cultural background?

I ask clients about their cultural background right up front, as I am asking who is in the family. I will ask questions like:

- ▲ Where did you grow up?
- ▲ Where did your parents grow up?
- ▲ And what about their parents (your grandparents)?
- ▲ Did you know these grandparents?
- ▲ How long has your family been in this locale, and where did they live before that?

I ask matter-of-factly about cultural and religious intermarriages and whether that has caused any family problems over the generations. I try to

help clients identify cultural patterns that were part of their family's history—values about education, money, work, religion, family rituals, communication, and so forth.

- ▲ At a cultural level this will mean taking pains to learn from clients not just what they think the problem is, but what meaning they ascribe to it.
- ▲ What do they think may have caused it, and what ideas do they have about what may be helpful in solving it?
- ▲ What stresses may be contributing to the problem, and what might alleviate it?
- ▲ Whom are clients in contact with on a regular basis?
- ▲ How do the people in their context view their problem, or how do they think others would view the problem, if they knew about it?
- ▲ Do they have family, friends, or other social supports in their local community?
- ▲ How might their family and social networks be a help or a hindrance for them in solving their problem?
- ▲ How do clients identify culturally, and how important are these aspects of their identity?
- ▲ What resources have they ever turned to in the past when they had problems, and what resources do other family members turn to?
- ▲ If they have sought therapeutic help in the past, was it helpful?
- ▲ What may have made it difficult to get help in the past?
- ▲ Have clients experienced difficulties in receiving help in the past related to cultural issues such as race, gender, sexual orientation, ethnicity, or religion?
- ▲ Were they raised practicing a particular religion?
- ▲ Have they changed practices?
- ▲ What belief do they have about what happens to us after we die?
- ▲ Do they maintain any formalized religious practices, and so forth?

It will be helpful to find out whether the client thinks that anything about the clinician's background might make it difficult for him or her to relate to, although this cannot usually be asked about directly, since clients would be likely to minimize or deny it is an issue. Where there is disparity in race, sexual orientation, gender, socioeconomic class, or social location, it may be hard to ask clients directly whether they are comfortable working with you. We should assume that if clients differ from us on any of these dimensions,

there *will* be a certain level of discomfort in discussing these differences, as they are generally not acknowledged in social conversation in our society. Clients are unlikely to be able to voice the discomfort in the initial stages of therapy. If I as a white clinician see clients of color, I can assume they will have a certain level of discomfort in the initial session, but if I were to ask about it directly, they would probably reassure me that it was not an issue. Similarly, if I myself went to see a male therapist and he asked if I were uncomfortable, I would be unlikely to respond honestly until I knew him fairly well. My conveying my attitudes about race as the relationship evolves or my therapist conveying that he is a feminist would probably be the best moves to counter clients' initial discomfort or distrust.

The key is the therapist's willingness to help clients explore their cultural background and become comfortable with such conversation, since it is not generally part of social discourse. This is essential for us to do our job of enabling clients to explore the multiple dimensions of their context: spiritually, socially, culturally, and psychologically. In [chapter 10](#) we will be discussing in greater detail the relationship between the therapist's own genogram and the work with clients' genograms. It is always relevant to take account of your own experiences, genogram history, culture, life cycle stage, and current stresses in thinking about what issues to watch out for in working with a particular client.

Inquiring About Money

Once it becomes clear that I am likely to work with a client, I need to learn about his or her financial situation. I write each client's annual income just above the birth and death dates on the genogram, noting any major indebtedness or expectation of inheritance on the genogram as well. Money is a hot-button issue for many clients, especially men. This is influenced by societal expectations that men should be "good providers," which is often not possible, and not being able to provide for one's family can cause great shame. Even if they are at the other end of the spectrum and doing very well, men tend to resist conversations about money. Whether they are doing well or poorly, they may not want to share their finances, even more so with a woman therapist. The same may be true for women, but in my experience when women resist, they are usually struggling financially themselves or they are protecting the man in their life.

I generally say something to normalize clients' anxiety, but also to explain my need to know, such as: "It's a funny thing, but many people are more comfortable discussing their sex life than their finances. Most people are uncomfortable discussing their finances. But if we are going to explore the problems that bring you here, we will need to be looking at what resources you have to make your dreams come true and what issues may interfere with your aspirations. In the same way that I need to understand your cultural, health, education, and work history, I need to have a basic understanding of your financial obligations and resources, how they relate to the resources of others in your family, and how your family manages these issues, so I can help you figure out how to proceed. Does that make sense?"

At times clients will still resist, saying they are doing fine and they believe that's all I need to know. I might then offer further explanation, such as: "Well, most people are uncomfortable talking about their money, but it makes a difference not just how much money you have in the bank or put away for your retirement, but even what level of credit card debt you may have and how your own financial situation fits with your siblings and others in your family. Money can cause great stress on families. If there are members of the extended family who might need your help or support in years to come, I will need to understand what you are contending with. It's very hard to be protected against a catastrophic illness, your own or that of a close family member. It also makes a difference if you expect to inherit some extra resources from your families of origin or if, on the other hand, they may one day need to draw support from you. Does this help you make sense of my need to know your general financial situation?"

If they still resist, I will let it go for the moment and see what emerges. My hypothesis is that when people are really resistant to discussing an issue there is usually a reason. I also assume that when one spouse is very wealthy and the other comes from a struggling background, it will create issues in the marriage that will challenge them down the road, if they do not acknowledge them up front. For example, if the husband makes \$300,000 and the wife is 47 and has been staying at home with children with no means of earning income herself, the imbalance in finances is likely to organize their conversations. If they are thinking of separating, she will not be nearly as free as he is moving forward. She will have to learn to handle finances and will probably be stretched in the future. If, on the other hand, she is likely to receive a substantial inheritance from her family and he has a single mother

with Alzheimer's disease and no resources set aside, the situation may be quite different. The point is: money matters. Put another way: money rarely doesn't matter. And so I try to keep the basic facts of clients' finances (income, savings, indebtedness, upcoming expenses) at the beginning of my notes, just under their name, address, and contact information, so that I will not forget the potential constraints on their financial situation.

The Therapist's Assessment of the Situation

What do we think is going on? Who is involved in the problem? What is our own assessment of the situation? This means assessing not just where problems reside but where the family's strengths and resources are. One must always take into account the power dynamics in the social system around the problem, that is, the ways in which societal oppression pertaining to gender, race, sexual orientation, social class, disability, religion, and other issues may contribute to misdiagnosis and mishandling of problems. Children are very often the barometers of the family, becoming symptomatic when others in the family have become dysfunctional. Women are often made to think their husbands' and children's difficulties are of their making because of patriarchal structures that hold them responsible for other people's happiness. A child who is gay or lesbian may be scapegoated by the family or school for having the courage to be open about her/his identity. All such contexts must be assessed, taking into account the dominant culture's assertions in relation to the particular family or individual's personal experience and values in order to come up with meaningful hypotheses about the problem.

Holding Adults Responsible for Children in Families

I always want to distinguish adult responsibility from that of children and hold adults accountable for the running of the family. In [chapter 9](#) we will be talking about ways of engaging children in therapy. I make no bones about my belief that children should never be held responsible for changes in a family, though in working with children I always encourage them to take the most responsible and strategic position toward asserting their needs and desires. Right from the outset I let parents know that my first loyalty in any clinical situation will be toward the protection of the children, even if I never

meet them, because children require the adults in their lives to keep them safe and cannot manage life without adult support and protection.

In general I believe therapy should be organized to facilitate parents' being the primary movers for child-focused problems. We work with children to assess their situation, to make sure they do not need extra resources such as educational support or medication, and to be sure they are safe in their situation. Beyond that, our choice would be to help the parents to help their children rather than spending time helping children directly, since that is obviously more efficient. If therapists become the helpers of children, they are likely to undermine the parents' efforts, by putting an outsider in the central position with the child. It seems much more efficient to offer support to parents, extended family, teachers, and other adults so they can do the best job possible in raising children.

Contract With Whom for What?

What level of the system requires intervention? Should you work with the identified patient alone, a couple together, a multigenerational group, or some of each? The answer depends on the circumstances of the particular case. The therapist's own cultural background may influence his or her response to the presenting problem and to the family's ways of dealing with it, and therapists should always be examining their own potential bias in relation to the needs of the case.

Acknowledging the Therapist's Power and Leverage

One cannot guide clinicians in a cookbook fashion to work with clients on understanding their lives systemically. Each question follows from careful listening to the previous answer as well as to the therapist's general systemic understanding of relationships. But certainly following out a negative discourse without seeking the strengths in each client's history will demoralize rather than empower the client. This does not mean we can take a Pollyanna approach to therapy. But it does mean that however traumatic a client's experience, s/he would not be there if miracles of transformation had not occurred. No one survives alone. Everyone whose family is here has had powers of resilience and transformation, or they would not have made it. We

must be attentive to these parts of the story, since when clients are in distress the positives are generally hard for them to see.

There are also advantages and disadvantages of age, gender, and race, among other variables, that will increase the challenge for different therapists in gaining traction with particular cases. How do you get leverage, for example, if you are a young woman of color, recently out of school, dealing with a conservative older white couple? Generally the higher-status therapist—male, heterosexual, white, older, and so forth—has the advantage. Therapists must acknowledge to themselves where they are on the spectrum, and supervisors must address the power dynamics their supervisees are encountering. Otherwise we will mystify beginning therapists, who most likely have not been socialized to discuss power issues of social location, since these issues have not generally been part of the dominant culture’s “polite” conversation.

There may also be advantages for those from a marginalized social location. For example, there are indications that men (and perhaps women as well) are more likely to confide in a woman than in a man, so what a woman may lack in prestige, she may make up for in the client’s comfort sitting with her. With a male therapist the client may have a need to “prove” his “manliness” and feel intimidated to share, given the therapist’s higher status.

In any case, our own social location and status are always factors in clinical interactions, as are the location and status of the client. And we can bring only ourselves to the therapeutic encounter, though of course we also bring with us the wisdom and caring of our ancestors, mentors, friends, and families, who have undoubtedly taught us many things about life that will be useful in engaging with clients. Furthermore, we hopefully have the backup of consultants and supervisors who have the wisdom of experience to strengthen our own knowledge and skills.

Because there is always an unequal power balance between the clinician and the client in terms of the therapeutic encounter itself, this aspect of the collaboration needs to be managed thoughtfully. Since clinicians get paid for their time, while clients (or some agent who is sponsoring the client’s therapy) has to pay for their time, clients are in the less powerful position and efforts need to be made to draw forth the client’s most energetic, collaborative self.

The clinician’s job is to provide helpful consultation to the client, after which the client must decide whether therapy is worth the time and effort

involved. Since the client is expected to talk about his/her problems while the clinician is not expected to be vulnerable in this way, therapists need to make efforts not to take advantage of the power imbalance intrinsic to the situation. This again makes a rigorous demand on the therapist to be an attentive listener and to be sensitive to the client's reaction to the power imbalance of it being a one-way conversation, with only the client's vulnerability being exposed. This is where the therapist's inquisitiveness and lack of arrogance that s/he has the "truth" is so important. As long as the therapist can keep in mind that s/he has general ideas to teach but that the client is the expert and researcher on his/her own life, the collaboration remains healthy. As soon as the therapist becomes arrogant about having a corner on "truth," the situation can become dangerous for the client and imbalanced for the therapist.

But still, the most essential aspect is to be genuine, interested in the client's life, and not to promise more than we can deliver. Our initial clinical task is to facilitate clients' ability to feel safe sharing the problems they are struggling with and to let them know as much as we can about our understanding of what they have told us. We may not be able to say much that is helpful in first session, beyond a hopefulness that our services will be of value to them and an appreciation of what the client has told us s/he is struggling with, although the very curiosity and interest conveyed by questioning oriented toward strengths and resilience may well foster clients' sense of hope.

We must also begin to convey that something about our services will make engaging with us worthwhile. That is, we must demonstrate that whatever situation has brought the client to us for help will be sufficiently addressed by our conversations or interventions to make it worth their effort to come back. It could also be a good outcome if we convince the client that s/he is not yet ready to put forth the effort just now, but that we will still be there when they do decide they want to work on their problems at some point in the future. We may need to challenge unrealistic expectations so that clients have a meaningful idea of what therapy can actually provide and do not to leave hoping for a solution that will never come.

ILLUSTRATION OF BEGINNING SESSION: JOHN FREEMAN

Figure 2.2 shows the genogram I would generally be starting with at the beginning of the first session with a client. (To stream segments of the Freeman video, go to www.psychotherapy.net/McGoldrick.) I knew only that John Freeman had been married to his wife Barbara for 2 years and wanted to come in by himself for the initial session, where I tried, as is my routine, to follow the trajectory indicated above:

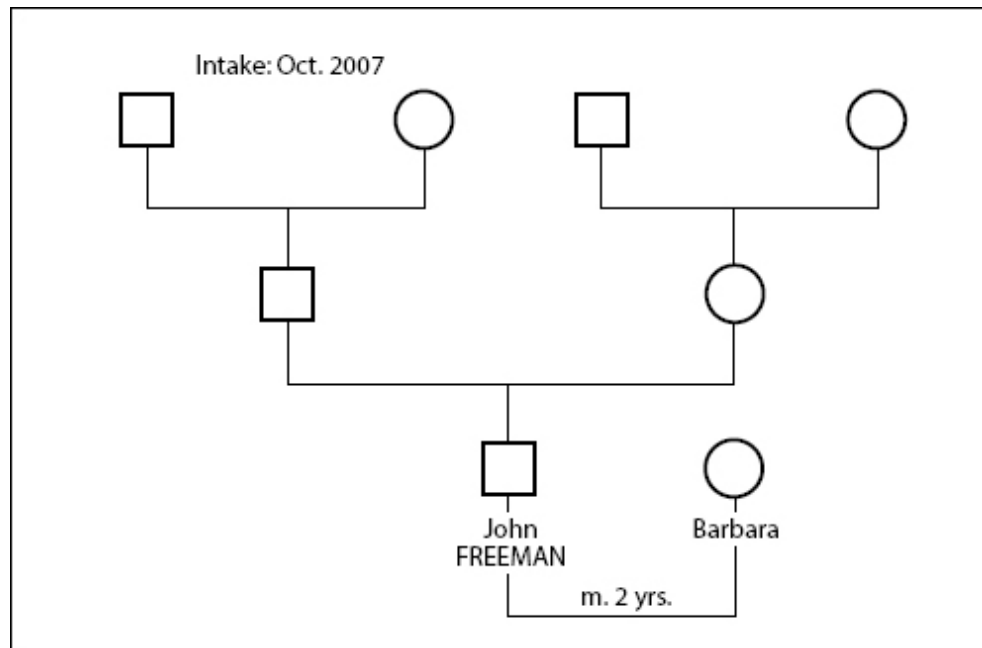


Figure 2.2: Genogram Skeleton at Start of Session with John Freeman

1. Engaging the client around the problem that is troubling him/her;
2. Eliciting a collaborative narrative of the client's situation in the context of what came before, what is happening now, and where the client hopes to go in the future; and
3. Mapping this contextual, historical, and life cycle information on a genogram, and then coming to a shared plan for embarking on therapy.

This case illustration can be seen in the video *Harnessing the Power of Genograms* (McGoldrick, 2012), portions of which are available for streaming with this book at www.psychotherapy.net/McGoldrick.

John, a 39-year-old African American graphic designer, sought help for problems with his marriage, which he saw as his own issues. He decided to seek consultation because one of his friends had seen me previously. I began by checking that he was comfortable with my taking notes on my computer,

to which he agreed. He had told me on the phone that his wife, Barbara, was an accountant. He wanted to come alone because he felt the problem was his, although his wife was unhappy with him. He had recently begun distancing from her, staying out late or even overnight without calling her, which upset her and puzzled him. He seemed mystified by his behavior, seeing it as what some would call ego dystonic or foreign, since he said he loved his wife and did not want to displease her. As we spoke about the problem he told me he had been married for 2 years, but the behavior had begun more recently, after what he called “the honeymoon.” He said he had a kind of pent-up feeling, but he could not explain the failure to call her to let her know. Most times he would go out with “buddies” after work and end up crashing with them, all without calling his wife, which he somehow couldn’t bring himself to do. He did not understand why he was pulling away from his wife, and thought his behavior was disrespectful to her. He reassured me that he loved her and that there was no one else he was interested in. Checking how he was thinking about his future with his wife, I asked him if they were thinking of having children and he revealed, to my surprise, that his wife was 6 months pregnant.

I have found this kind of revelation common in clinical encounters. Clients often leave out the most important aspects of their problems, perhaps because their very anxiety makes it hard to hold things in focus. He said the pregnancy made him feel “a little” stressed, but he did not connect this to his distancing. So I began a more formal inquiry into his story—what kind of family did he come from, his sibling position, and his parents’ histories—looking particularly at the transition to couplehood and to parenthood in listening to his narrative about his siblings and parents.

He told me he was the first son after three daughters, and that he had a younger brother, Brad. Both brothers had grown up somehow thinking they would never marry. John was unclear exactly why they had that idea. Brad had dated a lot but now he too seemed serious about his latest partner. John’s three older sisters had one child apiece, and all three seemed to have had marital problems. Two were separated and the third was clearly not happy in her marriage. John said his parents also had problems and had separated when he was still young. Almost by chance he revealed that his oldest sister was the daughter of another father, which had caused quite a scandal in the mother’s town, because the father was white. Clearly couple problems were common in his family, but I wanted to help him understand exactly what the

couple patterns were and how he thought he might be fitting into patterns of others in the family.

Asking John about his father seemed especially important, since he was about to become a father himself. But when I began to inquire whether his father had been around as he grew up, the interaction between us became sticky. I was unsure what triggered his reaction, but felt the need to stop my questions and work on my engagement with him. I acknowledged that it must be hard to talk about personal issues with a stranger.

MM: I'm just thinking, you're saying that these days you are finding yourself staying out, and not wanting to call your wife and she is 6 months pregnant, so that may be more distressing to her even than at another time.

John: Yeah, she says that.

MM: And what you're describing is really that your father was kind of gone from the time you were fairly young. So, I was just wondering, is there an anxiety about "How am I going to do it, because I didn't exactly have somebody there to show me?"

John: I mean, my mother was there. And my father was financially contributing to the house, so . . . and he did call and he was pretty responsible about keeping in touch with us. He didn't come to see us a lot, because my father worked a lot. He was, you know . . .

MM: What did he do?

John: He owned his own accounting business. So he was kind of a workaholic, he was constantly working. So I do remember that, because, you know, I didn't see him that much when I was younger, so the images I do have of him are pretty strong because I didn't see him that much, but he was a good provider and um, he worked a lot.

MM: Hmm.

John: Pretty hard-core in that way. So yeah, I mean I, you know, being a provider and being responsible, that's a pretty good role model, I guess. You know, seeing my mother raise us was . . .

John's reassurance again about his father's having been a good role model made me think I needed to slow down in looking at the contextual issues around his problem. When a client begins to resist exploration of family issues, I generally find it useful to go back to the presenting problem, to keep that as the cornerstone for questions about background and context. I was also feeling the need to validate how hard it is to talk to a stranger about deeply personal issues, especially across both gender and racial barriers. I wanted to be sure to stay connected to where he was in the conversation.

MM: I am trying to see if I can understand anything from your overall background that might help to make sense of what you're struggling with now. Maybe let's go back to that issue. Tell me a little bit more about what's happening, and what sense you make of that.

John: What's happening currently?

MM: What made you really want to come here?

John: You know, I don't seem to have any control over why I pull away. And I know what I am doing is not right. I know it. And I know it's not the responsible thing to do. You

know, my wife has made those comments about her being 6 months pregnant so she needs me even more now, despite the fact that I think women can be a little crazy sometimes when their hormones are off balance. But that's just my own spin on things. But I know that I should be there more and I should be a bit more consistent in my behavior, but I just don't. And I am pretty responsible in my general life. With work I'm that way. With friends I'm that way. With family, my siblings, and mom, I'm that way. I've always been that way. But this is a different kind of thing. I don't understand why it's happening, and I'm also afraid this is going to cause more difficulties in my relationship, especially now when I'm starting my own family, you know.

MM: If you can't find a way to stay present?

John: Yes.

MM: Mm-hmm. So now, at the same time, you don't know me, so it's sort of hard to just go into the middle of things and say, tell me this and that about your personal life. And on the other hand, what you're talking about is something that goes to the heart of the matter, when you're pulling away from your intimate relationship and you don't want to be doing it, you know?

John: Mm-hmm.

MM: But I am having the sense that just in asking you a few questions about your family, you don't really want to talk about it that much.

John: I don't want to talk about what, my family? Or . . .

MM: Yeah. I mean, I'm . . .

John: I guess I am trying to figure out why talking about my family is relevant to my own problem because it sort of feels like it's my problem. It's not their problem.

MM: Mm-hmm.

John: It's not like I do this to them. So you know.

John's directness here made me think he was ready to explore issues. He was telling me outright that he didn't see the connection; I needed to clarify why it could be relevant to explore his background and context.

MM: But you know, I don't know anything about you. But my sense is that a lot of times the kinds of things you're talking about where you suddenly find yourself doing something that doesn't seem like you, doesn't seem like how you want to be . . . Sometimes, other larger things related to where we come from may affect that. And that's sort of why I start with a focus on your siblings, your parents, those kinds of questions—to see, did your father ever do that? Did your mother ever do that? You know? Do you know if anybody else might have had anxiety about having a kid? You know? To me those questions are good ways to try to make sense of why might you be going through this now, you know? Does that make sense?

John: It makes sense. It's a possibility, I guess.

MM: Mm-hmm . . . *[Laughs]* It doesn't make you really feel so enthusiastic to talk about it though maybe!

John: I mean, I don't know.

MM: Listen, this is really hard. You know, I'm not meaning to give you a hard time, but that seems like it's distressing you.

John: Well, I mean, I guess I'd feel better if there was a specific question that you were asking. Because that's kind of hard in general, too. So, if there was something specific, like, I don't know. Like, what's my relationship like with my brother or something. How do you feel about him, you know? Just something, the general question, I don't know. It just makes me feel a little, I don't know, a little uncomfortable, I guess.

MM: Okay. I hear you. Well, I am interested in your relationship with your brother, but maybe, what if we start with your parents?

John: Okay.

I tried to slow things down and make more clear why I was interested in learning about his family. I was trying to convey that it might help us understand his current problem, which he found mystifying. It is interesting that his answer is that he wishes I would ask more specific questions. I thought I was already asking pretty specific questions, actually. But in any case, it was less than a minute later that he offered something dramatically relevant to his current problem:

MM: Mm-hmm. You didn't get to know your father for too long, but what sort of relationship did you have with him?

John: I guess it was, it was pretty good, for however long it was, it was pretty good. We had good conversations on the phone and I really looked forward to seeing him when he came up to visit, you know. He came up to visit a couple of times around the holidays, around Christmas. It was always nice to get gifts and stuff like that. And from what I understand, my father was . . . you know, I think for me he was a, he was there. And, um, I mean I definitely felt close to him, because he was my dad. And I also think, you know, my father had, uh, my father had a heart attack um, uh, about a couple of weeks before I was born.

This news shocked me. I had already asked him specifically if anyone in the family had had anything happen around having a child that might create anxiety. But the truth is, you can never know exactly what to ask. You just have to “rummage about” in the person's story and see how s/he responds to questions and what patterns emerge as you ask about the family history. From this point on, John began to make sense of his own anxiety and of the multiple ways it was connected with his earlier family experiences.

I will never know exactly what made him decide to tell me about his father's heart attack at that moment or what helped him begin to make the connections to himself. In other situations I sometimes think I see a connection, but the client may not relate to it immediately, or even in the long run. Somehow, perhaps, addressing the discomfort I picked up in his answers about his father enabled him to turn a corner and begin to see the connections between his own family's experiences in his childhood and what was happening to him now.

Figure 2.3 shows the extent of the genogram I had for John by the end of the session. This would be relatively typical in terms of the amount of information I gather, going back at least to a person's grandparents and forward to whatever next generations exist already.

The genogram is the map around which the therapist's rummaging into family history and geography takes place. It is through the connections between the children and parents in a family that the various events of family history resonate: moves, job changes, entries and exits from the family household, illnesses, success in school or work, and so forth. The genogram becomes the framework map through which we can explore the systemic context of the presenting problem and examine the client's trajectory from the past to the present and how s/he hopes to evolve toward the future.

In John's case the current pivot was his marriage and upcoming parenthood. Tracking how that was connected to the life cycle transitions of his siblings and parents and their trajectories into couple relationships and parenthood were the backdrop through which I was able to help him make sense of his life and in particular of his current stuckness. As he thought about his father's heart attack just before he was born and other features of his family's history pertaining to sibling and gender patterns, he became able to understand his current anxiety and think about how he wanted to proceed with his wife and other family members.

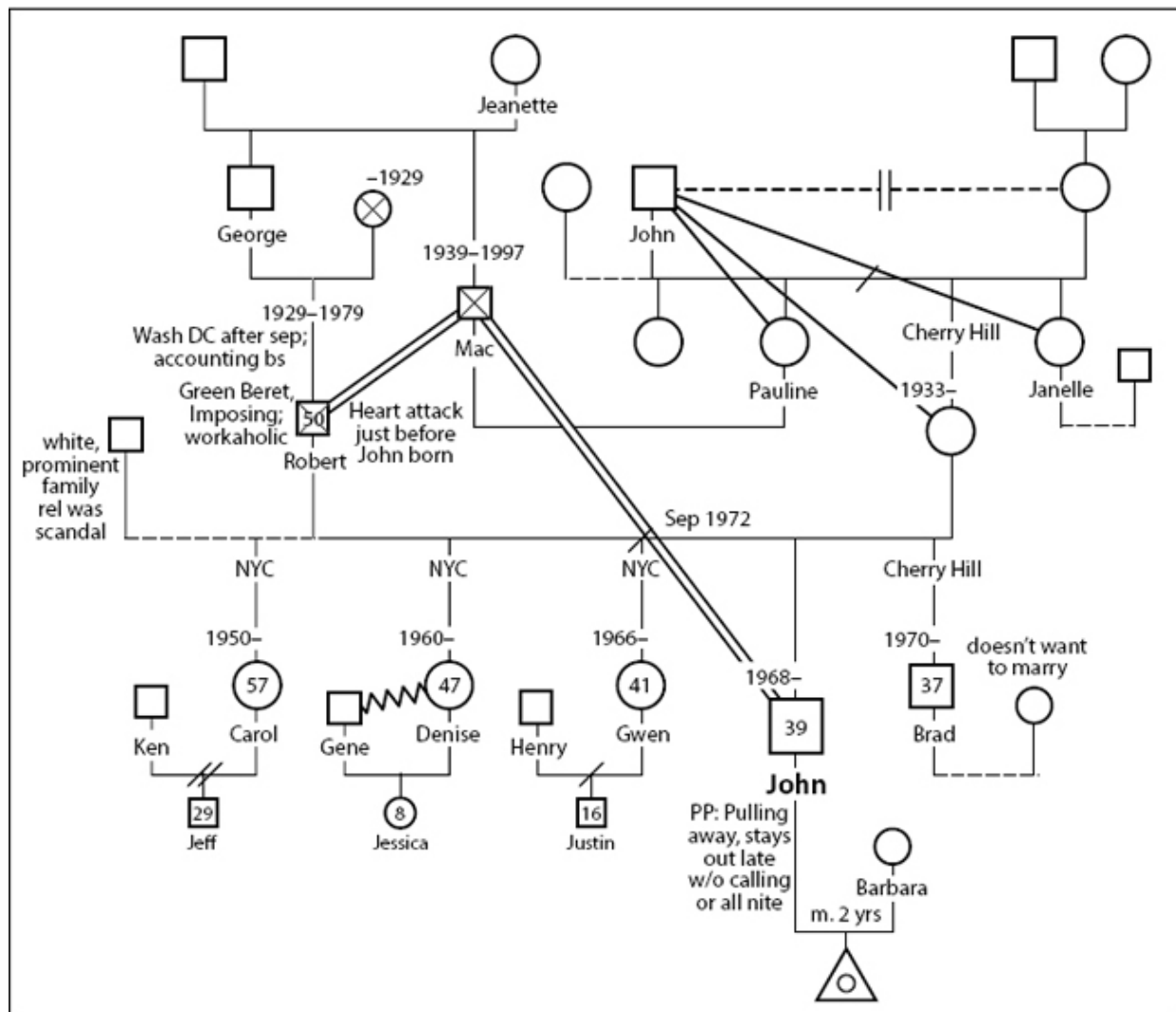
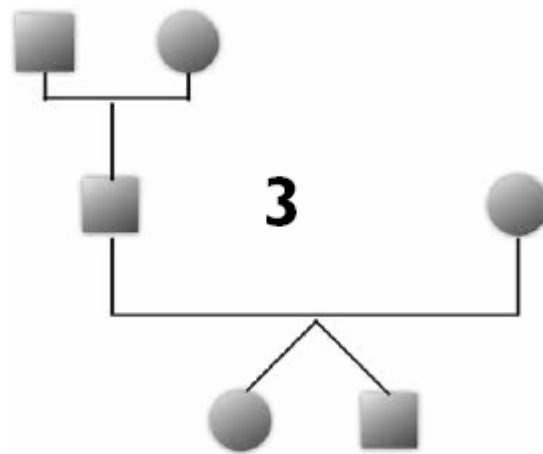


Figure 2.3: Freeman Genogram at End of Session

This example illustrates the initial engagement and assessment as I endeavor to help the client consider his genogram as a map of who he belongs to and what his family's historical relationships have been, in an effort to make sense of his presenting problem. All problems evolve in context. Nothing is unrelated to historical and systemic contexts. Thus the questioning needs to be contextual to help clients reconnect to who they are and where they have been in order to figure out where they really are now and how they want to create their future.



Assessment and Engagement in Therapy

Assessment, engagement, and the work of therapy are always intertwined. Engaging families is an essential part of any assessment, and the work of therapy can lead clients to feeling discouraged, requiring us to go back to work on assessment and engagement to understand what clients are really about and what they are seeking. Engagement to help them build their morale for the work helps us get a clearer understanding of their issues and their situation. Indeed, therapy always involves an ongoing assessment of what is going on, what issues are salient, what changes clients are willing to undertake, and what other problems emerge as we get to know them and as their lives and change efforts evolve.

As we know, a common initial agenda when people first come to therapy is to get another person to change. The key point is that the only person a client can change is him/herself, and thus clinical attention must repeatedly remind people of that. But especially in the early phases of assessment and therapy our job entails helping clients shift their mindset to this concept.

Most frequently they come in with stuck patterns of behavior involving scapegoating one person as the problem, caught up in blaming or feeling

victimized by others or feeling demoralized about finding any way out of the their situation.

Murray Bowen used to say, “If you lower your expectations to zero about the other person, you’ll probably be pleasantly surprised.” People often persevere in trying to change the other. The clinical aim is to help clients focus on changing their own behavior. Doing this will usually at least increase client’s flexibility in the system and get the attention of others, even if they do not change in the way the client hopes.

Increasing any system’s flexibility is a good thing, as rigidity and stuck relationships are like death, while flexibility and openness to change are always signs of life.

When a client is very stuck in a particular pattern and wants to tell you over and over what the other person has done wrong, it may help to have him or her list all the different things s/he has tried already to get the other’s behavior to change. As we go along I am likely to ask and re-ask: “It sounds like you find your mother, girlfriend, spouse’s behavior very frustrating. How would you want me to help you deal with that, since the only person I can really help here is you?”

Many clients, even in middle age or beyond, are still seeking parental approval. As Betty Carter (1991) famously used to put it: “Wanting parental approval is fine, but acting as if you need it is ridiculous and self-defeating, though of course, we all do it.” The only approval we really need as mature human beings is our own. Yet, how often do our clients come in defending themselves endlessly from accusations of their spouse or parent rather than focusing on what they themselves want to be doing? Therapy, thus, is aimed at helping people define their own values, live according to them, and challenge themselves if they do not.

We offer questions about previous generations to help clients expand the context of their thinking about their dilemma and to help them become more aware of their own role in the family and their own possibilities for change. Clients may more easily understand their situation when they see the patterns in the previous generation of their genogram and contemplate how their mother or father dealt with a similar problem.

“How do you think your mother (or the person you most admire in your family) would have dealt with this type of frustration? Who are your role models for handling these types of frustration? What would it take for you to be able to manage things the way it sounds like your uncle Joe could?”

GUIDELINES FOR RELATING TO OTHERS

People often get into terrible habits for treating each other without considering whether their behavior fits with their values. They may act out their frustrations or anger. They may relate by defending themselves to others they see as attacking them. They may go silent when they are unhappy with others' behavior. Or they may hope to relieve their guilt by acting "nice" to others, which we think of as placating. At the end of the day the reason for working on your ways of relating to others is because it fits with your value system to relate that way. My values are that the responsible way for humans to relate to each other is—generously and with respect, empathy, and an open heart. I offer this thought to clients and ask them to think through their own values for relating.

The following general guidelines (see figure 3.1), developed with Betty Carter and other colleagues and clients, are suggestions we have found helpful in therapy over the years. They are offered here at the outset so clinicians have a framework for key underpinnings of our clinical interventions, but they are often not meaningful to clients until they have really committed themselves to the work of therapy. We have been developing and modifying these guidelines for more than 40 years, using the framework of Bowen Systems Theory (Carter & McGoldrick, 1976, 2001; Carter & Peters, 1996; Lerner, 1997, 2002, 2013, 2014; McGoldrick, 2011). The ideal, as Bowen put it, would be to establish a person-to-person relationship with each person in your family/kinship system. The aim of the clinical work within this framework is to help clients create an open system in which they have the flexibility to evolve personal relationships, to increase meaningful connections, and to change their responses as the system evolves. We have drawn from numerous sources, including students, clients, and colleagues over many years, as well as from Aristotle and the Lakota Code of Ethics.

We offer these suggestions informally to clients early in therapy as guidelines others have found helpful. Over time we may elaborate more extensively the various items as clients become ready to absorb systemic thinking about how they want to relate to others. Our recommendations are aimed at helping them stay present in their relationships.

We urge clients to take the guidelines for whatever value they have, improve upon them, and share them with others. These suggestions reflect

our general model of therapy, which is educational, based on the idea that therapists are consultants who collaboratively share ideas with clients for conducting relationships. The ideas are not privileged, but meant to be shared and reshared freely, if clients find them valuable.

We start with four basic rules of thumb for conducting relationships:

- ▲ Don't attack.
- ▲ Don't defend.
- ▲ Don't placate.
- ▲ Don't shut down.

Guidelines for Relationships

- 1. Working out family relationships is always about changing oneself,** never an effort to change others in the family, tempting as that ambition may be. Search for yourself, by yourself. Do not allow others to make your path for you. Talking with your spouse or favorite sibling about how to change your family relationship is likely to raise their anxiety and lead them to try to influence or undermine your process in changing your own behavior. Others may walk it with you, but no one can walk it for you (Native American Indian Code of Ethics, 2012).
- 2. The main guidelines for relating to others are: don't attack, don't defend, don't placate, and don't shut down.** The negative energy that you put out into the universe will multiply when it returns to you (Native American Indian Code of Ethics, 2012).
- 3. Never underestimate your system's resistance to your change.** Plan for your family's reactivity to your efforts to "differentiate." Bowen used to say that if you make a change and no one in your family throws a brick at your head, you probably didn't make a clear enough change.
- 4. Never stay with your family longer than you can afford to be generous.** Once you are feeling grouchy, it's better not to engage.
- 5. Lower your expectations of the other to zero and you'll probably be pleasantly surprised.**
- 6. Never pursue a distancer.** Running head-on into resistance will probably intensify it.
- 7. You can't talk logic into an emotional system.** There is no point in taking an I-position (declaring your basic beliefs) in a system in turmoil. Others will most likely hear what you say as an attack, and reactivity will probably increase.
- 8. Silence doesn't fool an emotional system.** Not communicating is also communication.
- 9. Humor may be the best way to detoxify a tense issue.**

- 10. Shift your usual stance in any reciprocal cycles of helper/helpee or overfunctioner/underfunctioner.**
- 11. If no family members are available, try making a relationship with your worst enemy.** By the time you do it, you will probably have worked out most of your issues.
- 12. Never try to control other family members' relationships with each other.** When you find yourself too ready to work on anyone else's relationships (e.g., your spouse's family), look instead at what you may be avoiding in your own.
- 13. Always operate in a 4:1 ratio of positive to negative comments** in giving anyone feedback.
- 14. When you feel stuck or your anxiety is high, expand the context** in which problems can be dealt with, absorbed, or even understood. If you are stuck with your mother, think about her and her mother.
- 15. If someone is blocking the way to a family member, developing a relationship with the blocking person,** even when s/he seems peripheral. Do not try to go around the interference. If your sister-in-law monitors all your brother's contacts, develop a relationship with her to get connected to him.
- 16. Let go of stubbornly held issues. It can teach you about the inflexibilities of your family system.** The intensity of your reactions (anger or hurt) may be signals that important issues are at stake. When you see your family as made up of villains or victims or to feel victimized yourself, you are probably "hooked"
- 17. Serious issues should be addressed with each family member individually,** rather than in large family gatherings.
- 18. Beware of using distance as an excuse to cutoff,** though, of course gaining distance in a relationship can give you time to center yourself, and regain your sense of humor and equilibrium.
- 19. Make relationships unpredictable, which is different from being unreliable. Never make the same point to another person more than 10 times.** After that it's time to change your own behavior.
- 20. In-law and step-relationships are never primary,** though they can be sticky. Never focus on your mother-in-law, daughter-in-law, sister-in-law, step-parent or step-child relationships. If they go well, you are very fortunate; but do not get into competition with your spouse and his mother, his/her ex or children from another relationship. In-laws, step-children or step-parents are there because one of your primary relationships is connected to them. Keep your attention on your primary relationships.
- 21. Don't be discouraged by backsliding.** Under enough stress we all revert to old patterns. Hopefully we don't stay in them too long.
- 22. Beware of believing any rules of thumb too strongly.**

Figure 3.1: Guidelines for Relationships

Sometimes, when I first mention this idea to clients, they will say, "Well, what am I supposed to do then? I won't have any behaviors left!" This begins a discussion of how people want to behave in their relationships

with others and how they can focus on treating others in ways that conform to their values. A lot of the work of therapy involves helping people “take their power back” so they relate to others according to their own definitions of appropriate behavior, rather than reactively to whatever the other has done to them. Treating others disrespectfully, with contempt or hostility, is not generally how people would want to behave. But family members often get into patterns of negativity and stop even thinking about whether or not this is what they want to be doing. In our work we help them consider what they actually want to do in their relationships rather than just responding reactively to others. In some therapies couples are “taught” rules of appropriate behavior. We do not believe such rules need to be taught. It is more a matter of supporting people in their decisions to live according to their values rather than according to their emotional reactivity.

As we begin to help clients explore their current situation in the context of their history and hopes for the future, we offer these guidelines to aid them in their efforts to change their own role in their family. We may occasionally give them the whole list, but other times we might discuss one point at a time as it seems relevant to the issues they are working on at the moment. These suggestions are a shorthand for relationship rules, which usually require much additional discussion of the theory behind the guidelines. The key principle behind these guidelines is the same in all systemic work: that each person must make his or her own choices in life. All we therapists can do is remind them of the relevant context in which they will be making those choices.

As therapy proceeds and we expand with clients their understanding of their lives in relation to their family patterns, we pay attention especially to secrets, major conflicts, triangles, and cutoffs, which tend to close a system down and are thus early signals to address. Throughout this book we will be drawing on the principles of these guidelines to clarify how to help clients deal with fusion and distance, triangles, secrets, cutoffs, and other patterns that tend to close systems down.

A central tenet of these guidelines is to facilitate clients’ taking control of their own lives. Our job as therapists is consultative, never to take over for their own best judgment. I often say in therapy: “Once you take your power back and become the protagonist of your own life, managing your relationships according to your own values, no one gets to have a vote except you. Anyone who criticizes you or disapproves of your behavior has

an opinion you take under advisement, but only you get to decide the values by which you live your life or judge yourself.”

This model of systems work is educational, supporting clients in becoming researchers on their own families and their own lives, and helping them increase their ability to become self-determined and self-directed in their efforts to connect to the others in their lives. We offer these guidelines at the outset of this book to orient clinicians to the basic principles that frame our work with clients. Hopefully you will recognize them as we explore cases through this text and use them as applicable in your own work.

They articulate the principles underlying systems intervention, attending to each person’s taking responsibility for his or her own part in the system. They are, if you will, rules of thumb to help clients notice when patterns get out of kilter. They are meant for adults, not children or adolescents, who do not have the freedom to operate according to their own values until they have reached adulthood and can be self-supporting.

Families are amazing. There is always more to learn about them, and they are always full of surprises. These rules for managing relationships will come in handy when your family reacts to your efforts. Once therapists have experienced and dealt with these dynamics themselves, it will be easier to coach clients to deal with similar family dilemmas.

FIRST MOVES: TRY TO UNDERSTAND THE STORY AND BUILD COLLABORATION

The first task clinically is to get information to fill in your understanding of the client’s story on the genogram from multiple perspectives. Often clients have not thought much about the connections between the presenting problem and the larger context. If they are willing, they can ask other family members for information that helps them put problems in context. If the husband is struggling with his wife’s depression and knows his mother was depressed in midlife but she is no longer alive, he might ask her sister for information to help him gain perspective on what he is living through now.

Older family members may be especially helpful in providing contextual information, and nowadays the Internet, if available, can often

fill in dates of birth, death, migration, which can be enormously helpful for clients in tracking their history to understand their current situation. Where clients cannot remember their childhood experiences, talking to relatives and jogging their memory of earlier life events may be very helpful in grounding them. (“I know uncle Ned died in 1956. Was that before or after you moved to Bayonne from Brooklyn? Do you ever remember meeting your grandfather? I know he lived until you were 4.”) Visits to cemeteries can be helpful both emotionally and for information. It is surprising how much it can mean to a person to actually learn the details of earlier family experiences, even those that are traumatic, in piecing together the story of their lives and recognizing the strengths, resilience, and transformative power their ancestors had, especially when all they have been thinking about is their own emptiness.

Filling in genogram information helps clients see the gaps. Whose birthdate or whereabouts do you know nothing about? Who might have such information?

By the second session you want to begin to see how you will collaborate with clients and to check your information and hypotheses from the first session. If there were issues you were not able to explore the first time, you may now be able to broach them. Presumably there is some level of commitment for the family to have returned since many clients drop out after the first session, so you have passed the first hurdle.

As we move deeper into therapy, I continue my strategy of:

- ▲ trying to engage clients around what is troubling them;
- ▲ eliciting their narrative for the problem in relation to the context of what came before, what else is happening, and where they are hoping to go; and
- ▲ then trying to create a shared plan for working together.

I try to expand my understanding with clients of goals we can work toward and pitfalls to beware of. I may meet with family members individually, if I sense they are uneasy talking together or that key issues may be withheld, such as between spouses or between parents and adolescents.

I want also to carefully bring out the family’s hypotheses about the problem. I say “carefully” because there is no point in letting one person go

on blaming another. You want to understand their notions about the situation, but you do not want to allow too much time for scapegoating or blaming of one family member or another. If the hypotheses are accusatory you will want to ask questions to challenge the perspective and expand it. I figure if one person has already expressed the same negative point about another in the family more than a few times, the other has already heard it, so I may want to challenge such redundancies. I might want to make a direct challenge to help shift the conversation: “I notice you’ve mentioned several times that you think the problem is your wife’s fault. Are you worried that either she or I haven’t been listening or heard what you were saying?”

It is also essential to be looking for any signs of change or resilience. We build change on people’s strengths, not their vulnerabilities, so it is essential to be searching, especially in the early sessions, for any signs of systemic understanding and openness to change. It is also important to search for the relational hypotheses underlying pejorative hypotheses. For example, when parents are blaming their adolescent for drug use or behavior problems, it can help to go for their underlying protective feelings toward their child.

The following illustration demonstrates assessment, engagement, and beginning clinical work, which helped move a family from child focus to a focus on their own roles and relationships. The family came in around an adolescent problem. The case illustrates early work beyond the first session to assess, engage, and work with clients as we try to forge a therapeutic contract. In this case I had had less time than usual in the initial session to connect with or learn about the family, but at the same time I knew the school that had referred them, so I had some sense of connection to the family’s overall context.

GETTING STARTED: CULTURAL ASSESSMENT, ENGAGEMENT, AND INITIAL STEPS

The Zapata family had been referred for therapy by the local high school for their 15-year-old daughter, Maria, whose cutting behavior had been reported to a teacher (to stream segments of this video go to www.psychotherapy.net/McGoldrick). The family had come very late for

the first session, so I had only had 45 minutes to assess the situation and make a plan. In that session I created a basic genogram with Maria and her parents (see Figure 3.2). I learned that the mother, Rosa, an X-ray technician, had an older daughter, Vanessa, 19, who had been raised by the mother's mother in Puerto Rico but had recently moved in with the family in New Jersey to begin college. Maria was irritated that her mother was away at work so much, but also that she was now "spending too much time" with Vanessa. The father, Roberto, an immigrant from Ecuador, was a construction worker who had lost his job and been unemployed for the past 6 months. He had left his three children in Ecuador when he emigrated 20 years earlier; all his children were now grown. Roberto's father had died shortly before he left Ecuador, and his mother had died a few years after he emigrated; he had not been able to attend her funeral.

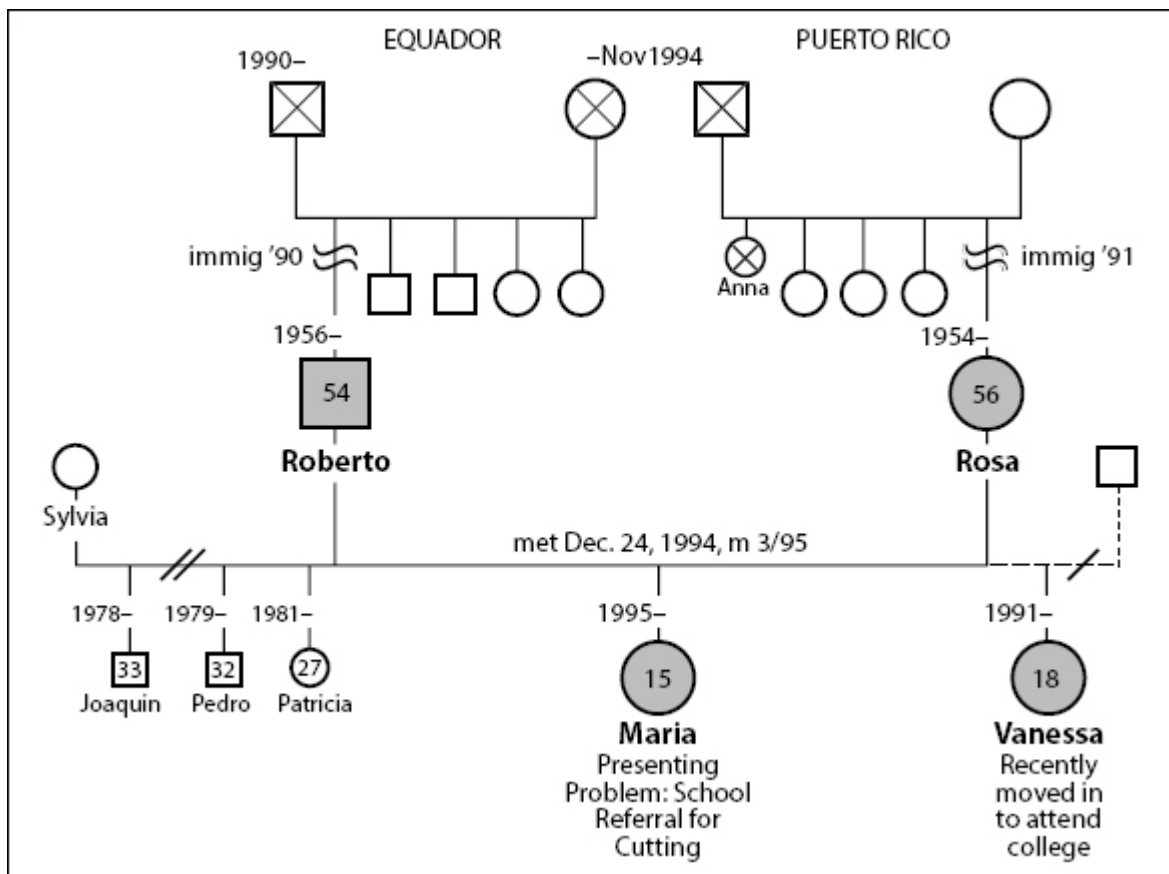


Figure 3.2: Zapata Genogram

The couple had met very shortly after Roberto's mother's death, which might suggest issues of unresolved grief on his side of the couple

relationship. They met at a musical Christmas Eve celebration. Rosa apparently was an amazing singer and Roberto a talented guitarist. They married 3 months later.

During the first session I had met briefly with Maria alone to try to get a sense of her distress and emotional strengths. Like most adolescents, she seemed irritated about being brought to therapy. But she appeared most concerned about her parents and did not seem emotionally fragile or at immediate risk. I was more concerned about the parents, who were both distressed about Maria's behavior, but I was unclear how solid their own relationship was. I decided for the second session to meet with the parents alone to get to know them and to see if I could develop a contract with them at least for supporting their daughter.

I was also sensitive that the husband had several disadvantages in the present situation. He had just lost his job, while his wife had a good and presumably solid occupation. Furthermore, Rosa had just been reunited with her older daughter, while Roberto had been separated from his children for all the years of their growing up beyond their ages of 12, 11, and 9.

Even if there had not been this recent escalation in imbalance between the parents, we always consider it a priority to develop a relationship with parents. Whenever we see a child or adolescent in trouble, we think it is essential, if at all possible, to develop an alliance with parents for therapy. Unless we can achieve such an alliance therapy with the child will be either a marginal experience or possibly even negative for the family, because of the likelihood of triangles developing, where the child and therapist form an alliance and the parent or parents remain in the outside position.

My second concern, as can be seen on the genogram (Figure 3.2) was about the long separations both parents had experienced from their immediate families due to their immigration. They had both experienced many years of separation from their other children, which could easily lead to an overfocus on Maria, the only child either one had raised throughout childhood. Compounding those major traumatic and ongoing losses was the loss of their parents and extended family support. Neither parent had had extended family available to help with their childrearing and individual support. Such losses always have an impact on families and will need to be acknowledged and attended to in therapy. This is one of the reasons genograms are so important. If you tried to deal with the daughter's cutting without knowing about the larger family context, you would have no way of

understanding what either parent was contending with in dealing with Maria's distress, nor would you know what resources might be available to support the family in dealing with their problems. It seemed from the basic information that the problem had perhaps been triggered by the compounded stress of the father's job loss and the mother suddenly having her other daughter with her after so many years. This might imbalance the system in several ways, placing most stress on the father, who is an outsider in relation to Vanessa and who has lost a major source of self-esteem in his unemployment and is still isolated from his family, which may be more difficult since the mother finally has her daughter with her.

Obvious triangles I was anticipating were:

- ▲ between the parents and their daughter Maria;
- ▲ between the father, his wife, and his stepdaughter, the father being negative toward his stepdaughter and resentful of his wife's connection;
- ▲ between the father, his own children in Ecuador, and his wife's daughter; and
- ▲ between the daughter, her mother, and her half sister.

In the future various questions about the family could perhaps help draw forth their strengths. Such questions might concern how the families in each spouse's family of origin had dealt with loss and separation issues in the past and what they think their parents and siblings would want for them now.

SECOND SESSION

I began the second session with the parents by summarizing my understanding of their background, indicating all the missing people. I offered each of them a copy of their genogram as a physical representation of at least some of the people they belonged to, in order to bring forth the other people in their lives who would hopefully become resources in our discussion, even though they lived far away or had died. I went over the genogram with them to make sure that I was clear on what they had told me. Interestingly, they each kept their copy of the genogram on their laps

for the whole session, perhaps symbolically holding on to all the people they each belonged to.

The genogram is a great way to reinforce systems thinking, since it shows people in at least a minimal context. But by having them review their genogram, I had the chance to emphasize that they were the experts on their own family, a major clinical point to make when you are trying to establish a collaborative contract with a family.

Calling forth the others in clients' lives can help to center people, acknowledging the strength of their heritage and reminding them that they are not alone in struggling with their problems. The more centered they can be in their awareness of who they belong to, the better life choices they will generally be able to make. I always try to bring forth the other key family members into the therapy room, at least by holding on to their names and relationship to my clients.

During this session the father repeatedly blamed his wife for Maria's problem, first because she was away so much at work, and second because she was catering to her newly arrived older daughter. My hypotheses about the family triangles were being confirmed. One major triangle seemed to be between the parents and their daughter, and another between the parents and Vanessa.

Toward the end of the session I took a chance and proposed that as homework they put a song together for Maria. This was in part to remind them that they had come together through their music, which can generally be a major resource for healing and coming together, unless something has gone badly wrong to make it a traumatic experience. I also wanted to give the couple something to do together in relation to their daughter that was not problem focused. I also wanted to see if they would do a joint task. I offered it as a kind of bonus suggestion, primarily to check their willingness to extend themselves as well as to do something for their daughter. I was not at all sure they would follow through.

THIRD SESSION

Meeting with the Daughter

I began the third session with the daughter, Maria, alone. She reported that she was developing a new group of “good-weird” friends, because her old friends had been acting differently toward her. She said she was now thinking her sister Vanessa was “cool” and was glad she was with the family. She also said she was feeling more understanding of her mother’s working. She was, however, feeling a bit guilty about “abandoning” her father, who she thought was unhappy, because it was now a “girls against the boy” situation in the family, which left him alone. I reassured her that this was my problem to deal with, not hers, and suggested that it might be best for me to concentrate on working with her parents in therapy. Meanwhile, she could go hang out with her “new good-weird” friends. I urged her to contact me if she found herself worrying about her father, but otherwise we would just check in occasionally.

Meeting with the Parents

Next I met with the parents. I was still not clear how strong their relationship was or how triangled into their relationship Maria had become. I did not want to press the issue of their couple relationship too directly, since they had not come about that, but rather about the crisis of their daughter’s cutting behavior. I saw my first goal as reinforcing their co-parenting. Conscious of the father’s focus on blaming the mother, I wanted to prevent that from amplifying by helping him get off the theme of what was wrong with his wife and onto himself.

MM: So, how are you doing?

Roberto: Good

MM: Yeah

Roberto: We’re doing okay, [*to his wife*] are we?

This already seemed to be an improvement that he speaks for them both and then checks in with his wife.

MM: Maria seems to be doing well.

Roberto: Yes.

MM: Is that your impression? That was my impression.

Roberto: Yeah, she seems to more . . . how do I say this, a little more liberated in a way. She is with her friends now.

MM: You okay with that?

Roberto: A little concerned; just a little concerned.

MM: How do you mean?

Roberto: It's sort of . . . I miss her.

MM: Do you?

Roberto: I miss that connection that we had.

MM: Sure.

Roberto: So I feel like maybe it's part of just growing up, but, yeah. So . . .

MM: Maybe.

Roberto: Yeah.

MM: You and she had a special closeness.

Roberto: Yes, definitely a special closeness. Yeah.

MM: So, that's always hard.

Roberto: Yeah.

Already there seem to be several indicators of change. Roberto's checking with Rosa about how their relationship was doing and his willingness to talk about missing his closeness with his daughter suggest that the system is opening up and he is focusing on himself and his own reactions. Sharing with his wife and me that he is missing his special closeness with his daughter, which is a natural part of her growing up, made me think he might be ready to deal with the deeper reverberations for him of the loss of his family in Ecuador. I decided to test the waters, raising the issue of his other children directly.

MM: And of course you did miss that part with your other children.

Roberto: Yes.

MM: Of being able to be close and know that even when they leave, they do come back.

Roberto: Right, exactly, so what's going on with Maria now brings that back into mind too. Wow, so I miss my kids back in Ecuador, and now am starting to miss Maria, and she lives with me. So it's . . .

His immediate acknowledgment of the connection between his losses is impressive. I want to reinforce him and his wife for their strength in raising Maria to be able to be independent. And I want to emphasize their ability to collaborate in dealing with their own feelings, to give Maria very explicitly the message that caretaking her father is not her job. My aim is to get the three of us aligned on this as firmly as I can.

MM: But the good thing I really think for both of you, and it's clearly because of your efforts, is that she's doing what kids need to do. She's doing her thing, and she's not cutting, and she's not thinking about cutting. I told her very explicitly that helping you sort out your life is my job, not her job. Because she, you know, was worried. I gave her the right message, I hope, right? You know that. Because it should not be her job. So, let's talk about the two of you and . . .

Roberto: Well, I guess, as we spoke last time, and I was saying, I put a little effort into the relationship [with his wife].

He seems to be understanding that the key relationship to solidify is the one with his wife. It is impressive that he has tried to follow through on the discussion of the previous session in terms of helping his wife out. Even in the stress of his unemployment, his feeling like an outsider with all the women in his family, and his having been unable to do all he would have wanted in his family of origin, he seems to be working on his current couple issues.

MM: How did you do?

Roberto: I'm trying, I'm really trying. I'm trying to do things around the house. I'm trying to understand her, what she is actually doing with the job and everything else, but I don't know, something just doesn't seem like its working too well here.

Rosa: Here we go!

Rosa proceeded to tell me that she had gotten a promotion at work, which she had expected Roberto to be happy about, but he is frustrated, because she is coming home late, and he seems suspicious of her connection to her boss.

Rosa: I explained it to you.

Roberto: I am really trying here. I'm trying to understand what is going on. It's really bothering me because, again, with my daughter, I know that she's growing up. She needs, she's with her friends. She is getting along with Vanessa also, and somehow, some way she's being taken away from me now.

Clearly, the father is struggling to accept his wife's success, to let Maria grow up, and to accept Maria's connection to Vanessa.

Rosa: [*To her husband*] Why can't you rejoice in my happiness? Why can't you be happy for me?

I felt a bit reactive to Rosa's use of the word "rejoice," which seemed extreme. I think I failed to support her understandable frustration at her husband's lack of support. I wish I had said something like: "So, Rosa, you're saying you wish your husband could have been happy for your job promotion. Roberto, can you appreciate what Rosa is saying?"

That would have enabled me to support her and at the same time keep the pressure on him to continue working on his end to appreciate his family's needs and deal with his own issues. Luckily he was able to refocus on the issue as his problem even without my support.

Roberto: Because I am not happy with me, so I don't . . .

MM: So now, tag that thought. Because you lost your job, which wasn't your fault, you have been in a hard spot, unable to provide for your family, as you were hoping, and as you had been able to do before. So I appreciate that in some way this positive, which is great for your family, may leave you feeling bad, especially because Maria is becoming an adolescent and doing her thing. So she's moving toward friends and a little bit away. That kind of leaves you . . . you know, we talked about this a little bit. How can you work on trying to move things along yourself? I appreciate that this is hard, but I don't want you to lose your center. You know what I mean?

Roberto: I'm really trying hard. I thought it was going to get easier, but it just isn't. It just isn't getting easier for me. Yes, I miss my children also.

MM: Yeah, that's true.

Roberto: I don't have that sense of family right now. Yeah, Rosa's doing good, she has her raise, that's great, you know, I mean she can contribute more into the house or whatever.

MM: That's how I look at it.

I want to encourage his viewing his wife's advancement as a positive for their family rather than as a negative for him, which is easy for people to begin thinking, if they lose sight of their larger context and whom they really belong to. His mentioning that he doesn't "have a sense of family right now" seems very much to the point. He is feeling isolated even while Rosa has the positive of her job advancement and her other daughter joining them. He is without the rest of his family, without a job, and having to accept that his daughter is growing up. Vanessa is for him a stranger who is intruding into their lives. Not only that. He next recounts that he has a job interview next week, but Vanessa got into an accident with his car, so it is in the shop: an extra reason to focus his frustration on her. The couple's conflict about this could easily escalate.

Roberto: But Maria and Vanessa, they are together, she is working extra hours doing whatever, and I am home doing what I need to do.

Rosa: Thank God she's alive. That's what's important.

Roberto: Yes, thank God she's alive. But the thing is, for you it was like nothing. Can you tell her why she got a fender bender?

Rosa: It was an accident.

Roberto: Aha.

Rosa: It was an accident. If you get into a fender bender, anyone gets into a fender bender is an accident.

Roberto: Well, if you are on the phone, or trying to text, of course you can get into a fender bender.

MM: She was on the phone?

Rosa: I don't know that she was on the phone when that happened. I don't know those details. You are assuming again. Could it have been that someone caused the accident? Or, because it's Vanessa, she caused the accident.

This interchange is the kind of marital conflict I want to avoid. Carping at each other over Vanessa will not get them anywhere good, as far as I can see. It can ratchet up quickly.

Roberto: I need my car to get to my interview. You know, there's no public transportation to get there.

Rosa: I could try to take off so you could use the car that I'm using. I'm willing to do that. I'm willing to do it.

MM: When's the car going to be fixed?

Rosa: Well, that's going to take about 2 or 3 weeks because I don't . . .

Roberto: I guess, because I don't have the money to pay for it.

Rosa: Well, the insurance . . .

MM: But you would try to work around . . .

Rosa: Excuse me.

MM: But you have enough flexibility? You would try to work around so that he could use . . . ?

Rosa: I will have to talk to my boss, I mean. This is an important thing for you to go to this interview. Maybe if you give me a time and an hour that you're going and I can tell him that I'll be at work at a certain time. I'll work . . . I'll work with you. This is what I mean. You never give me a chance. You just don't. It's all negative, when it comes to you and me. I can never get between, because you won't allow it. Now, I gave you a solution. What is the problem?

Roberto: The problem is that, okay, fine. You want to talk to your boss. Alright, good. I'll use the car. But this is it: the boss, the raise, it's this chummy thing with the boss. What's going on? I'm just like . . .

Rosa: Chummy, chummy with the boss. The nurses are chummy, chummy with the boss, the doctors are chummy, chummy with the boss.

Roberto: Did they get a \$5,000 raise?

Rosa: It's a trust issue, Roberto. You don't trust me.

MM: But, now, if we, if you, I don't know that you really want to go where we're going with just being irritable. You raise an issue and that's a real issue and I'm sorry about the fender bender. And, it's really important you get to your job interview, of course.

Rosa: Yes.

Finally I awkwardly try to help them shift gears. I try hard to slow down their expressions of distrust, to keep them from getting into conflict before we have a chance to strengthen their sense of their commonality regarding their family's well-being. I want to help them focus on their personal and joint goals and on their joint effort to support their children.

This is a crucial part of the initial phases of assessment: to encourage clients to focus on where they are hoping to go in therapy, rather than berate each other for how they are not meeting each other's needs. This moment in the therapy illustrates very well the importance of gathering information by doing a genogram early in the therapy. People can get so caught up in the details that they do not see the larger picture. Roberto could easily focus on

his negativity toward Vanessa for a careless accident, and it could set up more conflict with his wife, which neither of them need. They are each other's best ally. I need to help them stay focused on how to solve problems together in the future rather than figure out whom to blame for what has happened in the past.

MM: So why don't we focus on trying to get a solution, you know? Because that's the main thing: staying on track to go where you want to go. No?

Roberto: Yes, it is. It is.

MM: Okay, what if we work on a back up for that? Do you have a friend, that you could borrow a friend's car? Anybody else in the neighborhood? This is important. I mean, number one is, if you could arrange it, you know.

Roberto: I can call a friend. I could do that. The thing is I didn't want to do that. I just don't like asking people for help. I try to do things on my own.

MM: I know.

Roberto: It's the way I was brought up.

MM: Can we have a little talk about that, because I think that's kind of a common gender thing.

I believe the issue of men being collaborative is a crucial point for all therapy. I take the opportunity to push the point. There is an interesting way that women are often disqualified in men's narratives or else portrayed as villains. Often you have to help clients give more detail about their own perceptions beyond stereotypical societal messages in order to help them understand themselves. Over time they need to unpack the patterns of their families of origin and decide for themselves which patterns they want to continue and which ones could be important to change. Helping them see the ramifications of not being able to ask for help is important for everyone, but this early in therapy men are often unwilling to examine such issues. Roberto here is surprisingly willing to have the conversation, which I see as a good prognostic sign.

Roberto: It's a "man" thing huh?

MM: It's a "man" thing,

Roberto: And here we go.

MM: And you know what? I mean, I really believe this, that the strongest man works collaboratively, as you have been trying to do with your family. The strongest man doesn't do it alone and never ask for help or directions! You know that, don't you?

I felt I had enough connection to nudge him here with a larger point about the context of men asking for help. I would not have made this comment otherwise. If he hadn't seemed to go along with it, I would have let it drop. But now Rosa comes in from a different angle.

Rosa: Aren't you happy you have a woman who really cares about you and the family? It's about you and the children? What's wrong about that? Why do you penalize me for that?

Roberto: It's not so much that it's just about you and the children and whatever. It's about me, Maria, and my other children. It's, I'm just . . .

Luckily he does not get defensive, but clarifies that the issue is about him, which is where I believe I can be most helpful. I try to underline, hopefully with enough humor, that the challenge is to go beyond “do-it-yourself” manhood:

MM: Let's talk about your children. We talked right from the beginning about your getting to reconnect with them. But, before we go there, can we stay just another minute on the “man thing”? What do you think about what I am saying, that the strongest man is a collaborator, not a do-it-yourself guy, who never needs anything? Do you believe that?

Roberto: I can try to believe it, but I am going to have a tough time with it.

MM: Are you?

Roberto: Yeah, I still believe it's like my father was. You're the man of the house and take care of the family. That's it.

MM: And . . .

Roberto: And try to tell you what to do.

MM: And how did that work for him?

Roberto: I don't know, I mean, he did his best. He brought us up, did what he could do.

As therapy goes along I believe we want to come back again and again to clients' relationships with their parents and other members of their family of origin to sort through their values. Initially they may have a stereotypical view of family members' behavior, but gradually they may become more discerning, and such clarification can help them define how they want to be moving forward in terms of gender roles and other relationship behaviors. I use any opportunity I get to help clients expand their perspective on their values.

MM: But you've always talked about how much closeness you had with your mother. And you always had the sense that in some way, maybe because of that “man thing,” your father didn't let himself connect as much as maybe you needed. I know that he didn't live as long as you needed. And there is nothing we can do about that. But my thoughts are that the rules for men have been very unfair and have not worked well, such as that you never can need help or a ride or else you are not a good man, which is, in my view, silly. You are terrific man, and you are trying to do everything you can for your family.

Rosa: He is.

MM: And now you need a ride.

Rosa: Allow me to help you.

Roberto: I can try to call a friend of mine and either borrow his car or have him drop me off. I appreciate your help, but you also need the car to get to your job.

Rosa: Okay, thank you for that. And if your friend can't come across, I will still be there as your backup to help you. I will. Don't you see that is what I want to do?

Roberto: You see, I don't know if it's even a problem, but this is what I am really feeling. I'm feeling that my daughter Maria . . . Now that she is growing up, so she can be with her friends and everything else, okay, fine, she's hanging out around Vanessa a little more also.

When he shifts back to mention of Vanessa I'm sensing he's still not comfortable about things. An immediate stress is his unemployment and the addition of Vanessa to their household, but the larger issue of the rest of his family being in Ecuador is always in the back of my mind as a chronic stress on him. It never goes away. I think acknowledging such losses, however painful, is essential to enabling clients to figure out what their lives mean to them and what they want to do. I believe family always matters and losing family always matters. It is impossible to proceed in life without it mattering that part of his family is missing. All one's children also always matter.

If we think about each spouse's sense of "home," it is obvious that Rosa has many more points of belonging than does Roberto. She has her mother and her work, which has recently become even more positive. She has both daughters with her now, and her sisters are all either in the New Jersey area or in Puerto Rico, where she has often visited. With the loss of his job, Roberto does not have that outside source of support and his siblings are all in Ecuador. He has hardly seen any of them in 25 years. He has had a permanent separation from his homeland and was unable to attend his mother's funeral. He has had many years of separation from all his children, since the oldest was 12 and the youngest was only 9. He missed their entire adolescence. So, perhaps it is not surprising that he is struggling over the loss of his youngest child, Maria, as she emerges in her adolescence and needs to break away. It is also extremely common for people in such situations to feel a conflict of loyalties, if they let themselves become too comfortable in the new "home." It is not surprising that he feels pain when he connects with his feelings about his children, who are so far away. It probably reminds him of his loss, which is ongoing. The more contact he has with them, the more he has to acknowledge his own pain and to appreciate theirs.

Rosa: I'm so happy about that.

Roberto: Enjoying each other, everybody seems like they are all happy, you know.

MM: Except what about you?

Roberto: Except, what about me? Me, I know that she is trying. I can see that she is doing it. But, I don't know. I'm just, there is something missing.

MM: Well, you have, I'm sure, there's a hole in your heart about the whole rest of your family.

Roberto: Yeah.

MM: And, truthfully, maybe, even though it's not the easiest time financially, maybe during this time when you are not employed, it is time to build in a trip to Ecuador and to begin working on reconnecting with your kids.

Roberto: It's my intention of doing it. When I do—God willing—get this job. So I do want to visit them, because, yes. You are right. It hurts. It's really starting to frustrate me, and it's not allowing me to do what I guess I need to do at home, or be the type of person that I guess I need to be, or the guitar thing . . .

MM: So, tell me something. Do you call them? Tell me a little bit more about your connection with them.

Roberto: My connection is not the way I would like it to be, because I have to always go and get these phone cards, and call them out there, because it's expensive to call. And we don't talk as much, and when I find out how they are doing out there, whatever. You know, it's like I feel like they need me. You know?

MM: So, if you worked out a budget to talk to them until you can go there, and just said that's an expense of who I am, to stay connected to my children? But if you are thinking about your children you spend 5 or 10 dollars a week, maybe it's worth it. And maybe it would make you feel less distressed, because you would hear their voices, you'd make sure how they are doing. You know? Maybe it's a small thing in terms of having that sense of connection with them.

Rosa: May I ask you a question?

Roberto: Sure.

Rosa: If you were to go and visit them?

Roberto: Mm-hmm?

Rosa: Would that make you feel whole again?

Roberto: It would help.

Rosa: I'm serious when I say that.

Roberto: Well, yeah, it would. It will definitely make me feel like, yeah, I'm a part, I'm still part of something, or part of someone's life, whatever, yeah, it just may be able to help out.

Rosa: Because if you are happy. No, this is the way I am looking at it right now. If you are happy and you are feeling whole, maybe, just maybe, I can get that piece of you that I so want. You know, you know what I am saying? Because right now, what am I really getting?

Rosa's concept that her husband may be more available if he feels less cut off from his family in Ecuador is an important insight, even if she may be oversimplifying the complexity of the multiple parts of his life and her own. In the future I can encourage them to work with each other to define what shape they want their lives to have in terms of connectedness to their extended family.

Roberto: Wow.

Rosa: I mean, I can save, I can budget, I'll do anything, but would that guarantee me that I am going to have this husband that I want? A happy, healthy man, am I going to get that?

Roberto: All I know is I need to see them for right now. I don't have the answers to your questions right now. 'Cause maybe what I need is to see them, to be able to feel the way you are just explaining.

Rosa: Right, because that's what I need.

Roberto: That person you are looking for. But the thing is, back to calling, it's when I call them, you know it hurts. It hurts in a sense that, yes, I do want to talk to them. But again, I don't want to try and talk to them too much though either, because it's just when I talk to them I feel that hurt inside, and I feel I've failed them.

MM: Okay.

Here Roberto is alluding to one of the most difficult aspects of the distance, both physically and timewise, with the lost years, and missed connections of the past. I will have to support Roberto to tolerate the pain of experiencing the loss that generally goes along with each reconnection.

Rosa: I am feeling frustrated.

Rosa is focusing on her own feelings, and we know she will have to stretch herself to support his actual reconnection to his family, which will surely not be an easy journey.

MM: Okay, I think there are two aspects to it. One is the relationship between the two of you, which you are asking for.

Rosa: Right.

MM: What about your connection, and you seem to be sort of sidestepping that. So I want to talk a little bit more about the two of you. But, there is also the issue of your children. I mean, I hear you, and I think that's also something that is, frankly, more common for men. That when you have some connection, it also puts you in touch with how far away your children are, it leaves the pain very raw. But I would want to help you get to a place where you would be able to go on the side of the importance of the connection for them and for you—even in spite of the distance, and even in spite of not being able to go there. Avoiding it is sort of like avoiding the connection between the two of you. My philosophy is we only have, you know, what we do and what we are now. So I want you to take maximum advantage of this relationship, and I want you take every opportunity to build what you can with your children until you can get there. You know what I am saying? And to work on the pain, the painful part of that, because that's real. You'll feel the pain every time you hang up. [To Rosa] You can understand that, can't you. Can you?

Rosa: I can try.

MM: And when you have the experience that you were talking about earlier, that your wife now has both her children here, and Maria and Vanessa are getting connected, and there is a part of you that is not feeling that connected, rather than feeling "I am isolated over here," can you also build *that* connection? Because it's yours, too, this is your family, too.

Roberto: It's true, it is my family, I can try and build that connection, but it's not easy for me. I'm struggling, because I see how they all get along. And I want to get along with them also. I try to tell myself: Go ahead! Do it! Be part of it! But my mind just goes back to Ecuador. Look at, I think about what they are missing out on also, and I . . .

MM: So it seems as if you would be betraying them if you connected?

Roberto: Exactly, sort of. There's that guilt that I am doing something wrong to them.

MM: Okay. This sort of goes back to the collaboration idea. Can't there be a both/and? I think that if you work on the connection with your kids in Ecuador, it is going to make it easier to work with your wife and kids here. You know what I am saying? And if you work on the connection with your wife and kids here, the hole in your heart and the pain for what you were unable to do, for what you are still not able to do, because of the distance with Ecuador, it's going to shift that for you perhaps. That's really what I believe about it. Connection leads to more connection.

Roberto: I'm hearing what you are saying and I am listening.

MM: Yeah.

Roberto: I'm trying to grasp it, but I feel like, I, I need help with that. I definitely need help with that. I definitely need, God, I don't believe that I am even saying that I need help.

Rosa: Thank God you do!

MM: [Laughs] Maybe it's that you are a real strong man and a pioneer, that you are saying that!

Rosa: I'm so happy to hear those words. I know.

MM: Yeah.

Rosa: Yes, because I never heard that before.

Roberto: Maybe I need just the help in the sense of knowing how to go about talking to them and, like you just mentioned, making that connection and making that connection here also. Because, yes, I mean am struggling with that. So I'll look at that.

MM: Listen, I have an idea. How about for next time, if you would bring pictures of your kids, and let's, let's maybe start, cause maybe there are parts of this that I am not fully understanding, And what if you wrote them each a letter?

Roberto: Mmm.

MM: Saying as much as you feel you can about, whatever messages you want to give to them—about your regrets, about your love, about your missing them, all of it. Okay? And, maybe let's try to share because also you are missing out on that side of the family, too. Maria is missing out, also Vanessa because, you know, you are all connected.

Rosa: That would be a dream.

MM: So, maybe we should work on this a little bit at a time. What would you think about bringing some pictures and writing a letter, and we can just sort it through. And maybe we can help you with the painful parts, so that the connection part becomes stronger than the painful part of it. You know? Yeah? What do you think?

Roberto: Wow, I can, I can try.

MM: Okay. Let me suggest one more thing, because you see along the same . . . (Rosa gasps.) Are you okay?

Rosa: I'm just so happy that he even said that.

MM: Really.

Rosa: I never heard that before.

MM: Really, see and I think when you try to do it all by yourself, you probably don't even realize how much that leaves your wife isolated. So you are on an island. And she is really on an island, even though she has her daughters, and even though they are connected, and even though you say it seems very easy for them. She's missing you,

because, I mean, you are out there and she is out there. And I think it would make a whole lot of difference if you didn't have to do it that way.

But I wanted to say one more thing. The first time we were talking about your daughter, and we were talking about poetry and music and kind of expressing your feelings through your music. Do you ever think of your music as messages to your children in Ecuador? Do you ever think of it that way?

Roberto: You know I haven't since I've been feeling the way I've been feeling. I sort of backed off of that. I just don't have the enthusiasm for it right now.

Rosa: He doesn't play anymore.

MM: Really? But see, I think that might help you with the feelings, because that's been your mode, from what you told me, from all of your life.

Roberto: Yes, it has. I mean, there was a time that I picked up the guitar, I started strumming, and when the thoughts come to my mind about the children and what is going on, I just bam, bam, bam and just put the guitar away. I can't take it. It just . . .

Again I try to encourage him to use his music to get in touch with his feelings about his children and find ways around his pain and from distancing from the pain by avoidance.

MM: So is there any way we can help you just take it out and try to let your feelings and your wish come through that?

Roberto: There may be, there may be a way because, God knows, I can't find it right now. I'm just, I feel like a writer having writer's block.

Rosa: Why don't you just pick up the guitar and just let yourself go, like you used to. You are an excellent musician, you know.

Roberto: I tried doing that the last time, I just said, I was strumming away the guitar angrily and I was getting nowhere with it.

MM: But, you know what I think? Your wife has a really good point. I am sure your moods change a lot as the days go by. Right? Sometimes you are in a better mood or worse mood, right?

Roberto: Yes

MM: My guess is that if you just let yourself give it a go, play your favorite song. Just see what comes out. Yes, some of it will be anger, and some of it will probably be other things, and it may help you find your pathway, and I think it would mean so much for your wife, who is otherwise just left alone. You know, you are alone, and she is alone. And, I don't think that is what you want at all. Is it?

Roberto: No, no, I don't think I want that for anyone, to feel that loneliness.

MM: So, let me ask you this. Would you do it for her, if you are not sure you could do it for yourself? Would you do it for her? Because she loves you, and would want the connection.

Rosa: Can you try at least?

Roberto: Um, I can try.

MM: Can you tell her that?

Roberto: I can try. I'm making no promises, but I can try.

Rosa: I just hope that you can, because it's important for me. I just really hope you can really, sincerely hear what I'm telling you.

MM: Can I talk to him alone for just a minute? Would you mind?

Rosa: Yes, okay.

Meeting with the Husband

At this point I felt the need to speak briefly with Roberto alone. I was struck by the subtle way he seemed to be distancing from his wife during the session. I wanted to encourage him, without embarrassing him, to be more positive toward her. I was by this point feeling a relatively good connection with him or I would not have dared to make such a move.

I find often that especially when encouraging initial coaching moves with a spouse, it can be better to speak to partners alone in order to minimize their defensiveness about an intervention. I felt through our discussion of his family in Ecuador and his understanding of how his own issues have been getting in his way that he might be able to hear a direct challenge about the way he was relating to his wife. His avoidance of her had become quite apparent in the session, but I was not sure how to interpret it.

MM: My sense is that it is hard for you even to look at your wife or connect with her. I don't think that's the message you want to give. And she seems so much wanting to connect, so appreciative of you getting in touch with your feelings I'm sure as you connect with your children, parts of that are going to be hard. The same as you felt threatened about Vanessa, I'm sure she is going to have her fears, if you go to Ecuador, that maybe you'll stay there. Will you love your children there more? Maybe she won't matter, so forth and so on.

But she seems so sincerely wanting to be connected with you. I didn't want to embarrass you in front of her, but my sense is that even a little bit of reaching out . . . I mean, you never take her hand, you never touch her, you never let her know. See, what you just now said: "Well, I can't promise, but . . . sort of, okay." I'm urging you to try to be generous. Not for something you don't feel. But my sense is that you *do* feel it; but you're still caught in this thing that you should do it yourself, that you should get on top of these painful feelings yourself somehow. I just don't think that's the human condition, you know?

We all need each other. And you are doing terrifically, and you've made a lot of progress. I mean, I saw where you tried to control yourself today, when you seemed about to go off on something about her boss or whatever and you didn't let yourself go there! And, my sense is you know that that is not really an issue. And, you are doing terrifically. But I feel like if you really let yourself be with it, just don't be afraid of the feelings.

Roberto: I'm definitely, I know. When you hear something as you are just explaining to me. It sort of hit me right now, and I think, I think I'll give it a try. I think I'll, you know, I'm starting to slowly see certain things like what you are telling me right now, and, yeah, maybe I can work a little harder at some of these things. Maybe I am sort of being unfair toward her, so, yeah.

MM: Do you love her?

Roberto: Yeah, uh, I love her, I love her.

MM: I thought you did, but . . .

Roberto: I do, but it's just that I have so much anger within me.

MM: Yeah.

Roberto: You know, it's just not easy.

MM: Do you think it would help if maybe you and I spent some time talking just ourselves, to try to sort through some of that?

Roberto: Again, I was surprised at myself, asking for help, but I think I can certainly use it, yes. I think I can, yeah.

MM: Okay.

Roberto: If it's going to help me and my family, I think I can.

MM: Okay, because my sense is you are holding a lot in, that it would be a good thing to try to sort it through, figure out, you know, how you want to handle it. We are going to have to go now. But why don't we bring your wife back, why don't you talk to her about that. Are you okay with that?

Meeting with Both Spouses

I was very impressed by Roberto's response in this conversation. He seemed very present in trying to face his situation and move forward. I wanted to conclude the session with the couple together to reinforce their commitment to move their situation forward together if possible.

Roberto: Okay. We just talked and she explained some things to me, and I told her that I would like to get more help and that I would try with you, okay.

Rosa: You mean it?

Roberto: I, I mean what I'm saying. And, yes, I felt like I have been sort of unfair toward you. So I am going to try.

Rosa: Thank you, thank you.

Roberto: Okay. You're welcome.

MM: Okay, so, so maybe the next time you'll both come, but you (Roberto) and I will spend a little bit of the time, and maybe we (Rosa and I) will take a little bit of the time ourselves too because you know . . .

Rosa: I'd like that.

MM: I think that would be a good idea. Okay?

Roberto: Okay.

MM: Okay, we'll leave Maria out of it, and one of these days I'd love to meet Vanessa, but let's see about that. And, you'll bring . . .

Roberto: Pictures.

MM: Pictures, letters, and, hey! You want to write a poem or a song? I'd love to hear! Okay? You can bring along the guitar, if you feel like you would be willing to share that. Okay?

Roberto: Okay.

Rosa: Thank you.

MM: Okay, Take good care, and congratulations on your new job and your new hairdo, I mean you look great.

Rosa: Thank you, thank you.

Roberto: Yeah, she does.

MM: She does, doesn't she?

Rosa: Thank you.

Roberto: This is the first time she's hearing from me now.

MM: Hey, terrific!

Rosa: Yes, it is, thank you, thank you.

This case illustrates the beginning of engaging, assessing, and working with a family. As therapists we always need to be thinking ahead as well as backward to make sense of the present and to help clients build toward their future. The case raises many questions about what we might want to keep in mind moving forward: How might Roberto get stuck as he “reenters” connection with his family in Ecuador? Might he become depressed, recognizing all he has missed or recognizing their neediness, which he cannot make up for? How may Rosa respond to his efforts? Perhaps she will feel threatened that he might leave her or feel resentful that her resources are helping to support his family, whom she does not even know. We would try to prepare the ground for all these complexities and help the whole family view reconnection as an expansion and a positive for their future.

HELPING CLIENTS COMMIT TO THERAPY

Therapy always involves a rummaging about in the family’s experience, seeking to understand where clients are now, who can be engaged how at the present moment, and what experiences in the past may be helpful to them in making sense of their current dilemmas and accessing sources of resilience that may be tapped for sorting through their issues. What efforts may they want or need to make in the future as they move ahead?

Once people have decided to engage in therapy, our job becomes to help them think about their relationships and decide how they want to proceed. This often requires helping them look behind their presenting problems to figure out what is driving their behavior toward others. We have seen the beginning of this process with Roberto, as he challenges his own distance from both his wife and his children in Ecuador, and begins to redefine how he wants to relate to the others in his life.

When the Zapata family came in, for example, the husband was primarily complaining about his wife. A primary task of engagement was to help him shift to looking at himself. That led him to acknowledge the importance of his longtime distance from his family in Ecuador.

A common stumbling block for clients is the widespread attitude in our society that some families, especially some parents, are just too “toxic” to engage. This would include situations of mental illness, sexual and physical abuse, addiction, and other behavioral dynamics that make others want to cut off the relationship. Each client’s genogram must be explored in context so clients can better understand their own dynamics and figure out how to keep their power, while leaving the door open to other family members. The aim, of course, is never to tolerate abusive situations, but to be open to others, should they become ready to reengage in a meaningful way.

When you hit a very hot issue with a client, the first thing may be to go around it, not to hit at it directly. The client may not yet trust you to deal with it, and you do not want to stir up clients’ resistance before they can see your potential as an ally in their journey toward better relationships. If you go head-on into difficult issues, you may not get the chance to work meaningfully with them. We are not talking here of dealing with an active addiction, where you are unlikely to be able to get the client’s attention unless you address the addiction, or a situation of abuse or possibilities of suicide, where a family member is in danger and you *must* address the issues at once. The situations to note are those where “toxic” issues about family of origin experiences may outweigh the client’s willingness to deal with current relationship problems or where, as in the Zapata case, parental fighting could easily derail the immediate need for the couple to collaborate as parents to protect their daughter. It will take time to engage clients to deal with buried family of origin issues.

Roberto Zapata would likely have many family of origin issues to deal with, given his long absence from his children, his mother’s death that he could not return for, and the missed years with his siblings and their children. It will take time for him to address those issues, and it will not happen until the immediate situation is under control. It is usually in later phases of therapy that the guidelines offered at the beginning of this chapter will become more explicit with clients, although the framework underlies all the work to engage the Zapata family and to help them explore their situation. My emphasis was on understanding each person’s connections to the others and to those relevant family members who were not present and to strengthen their focus on their own efforts to improve their situation. Of course I was also trying to implement the basic guidelines for relating to others: don’t attack, don’t defend, don’t placate, and don’t shut down. In my

assessment of their responses throughout the initial sessions, I was always thinking about each person's willingness to take responsibility for him or herself and not be over- or underresponsible toward others. As they move forward, I imagine Rosa and Roberto will have to work hard to stay out of each other's business as they sort through their relationship with each other and with others. For Rosa in particular it may be difficult to connect with Roberto's children and extended family, with whom he has deep roots, since she has never met them. It will be hard not to raise expectations too high and then be disappointed. It will probably be hard to deal with opening feelings that long been underground. So far they seem to be showing many strengths in their ability to keep their larger context in mind. But there will likely be reactivity and long-buried feelings and competitive struggles between the two families of origin that they will need to disentangle as they get to know the wider family.

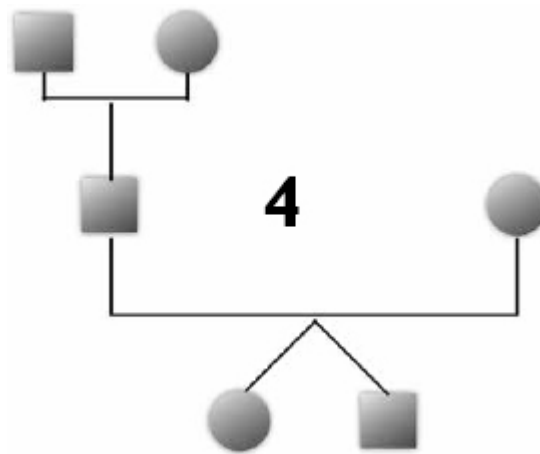
In general, in the first phase of therapy, assessment, engagement, and intervention are completely intertwined. The assessment of these deeper issues will have to wait until the immediate situation is further stabilized. And we will have to assess the motivation and readiness of each family member to deal with particular issues as they come up, readjusting our interventions as the assessment evolves. Our efforts to engage clients will hopefully remind them of their deeper values and that will motivate them for the work of therapy, but there is still a timing factor in clients' readiness to address issues, and we must let them maintain control of the process. Thus, it makes sense to keep a fluid attention on assessing the issues at stake in the case, and remaining sensitive to clients' readiness to address their issues and flexible ourselves about changing gears when they need more time to become ready to proceed.

When clients are willing to proceed, it may make sense to start with a less toxic issue, so they can feel some success and gather understanding for approaching more stuck relationships. It is much better to start with a relationship the client has a wish to change, but also a hopefulness of continuity. Thus, for example, Roberto Zapata may be more willing to make moves with his wife. It may take him a while to begin really dealing with his children and extended family. But you never know.

I saw a couple a few years ago in which the husband's only interest initially was to get his relationship with his wife back on track. He did not even want to discuss his genogram, never mind work on it. In fact he had

been cut off from his daughter for many years. But within a few months he had reconnected with his daughter, and from there he became strongly motivated to work on his own personal issues. He let go of trying to get reassurance that his marriage was in good shape and committed himself to working on his own life issues. In the long run, I am certain these shifts saved his marriage. His desperate focusing on the marriage had actually been part of the problem. But I was astonished by his sudden shift. You never know when a tipping point will come, when clients somehow find the motivation to open up to working on relationships.

There does seem to be an ebb and flow in therapy between times when clients are ready to working on specific issues and times when it helps to pull back help them look at the larger framework within which they living. As Gregory Bateson used to say, to think systemically we must continually zoom in to explore details and zoom out to see the larger picture. For example, even after the immediate child-focused problem of a couple has settled down, they may not quite feel ready to address more difficult couple or family of origin issues. The Zapata couple seems ready to explore their own issues, but you cannot be sure. It is very hard to know, until people really get into the work, how far they will be willing to go. Sometimes they go way beyond what you first expect. Other times families that seem very ready to proceed end up dropping out as soon as the crisis is passed. But then again, they may surprise you and come back when you least expect them.



Resistance to Genograms

No matter how interested clients may seem initially about their family history, reluctance to look at aspects of their genograms virtually always emerges as they are confronted with the various difficulties, secrets, and triangles in their families of origin. And many clients don't even want to look at the patterns in the first place. They want to get the therapist to help them solve the problem at hand so they can get on with their lives.

The dominant societal forces that control mental health delivery have not generally been supportive of this kind of contextual work, either. They do not reimburse clients as well for the more complex and difficult collaborative work of family therapy. They will likely question the very need to include other family members and want other family members to have a diagnosis just to participate in a collaborative discussion about the problems at hand. There are many restrictions on whom therapists can see and how they are supposed to spend their time, most of it focused to ruling out diagnostic categories rather than exploring possibilities for understanding clients and helping them solve their problems. Health care organizations and insurance companies will generally not appreciate the time spent learning about the structure, contextual stresses, and history that

are essential in genogram questioning. So, to pursue such enquiries, therapists will have to hold on to their own beliefs about the importance of systemic thinking and the relevance of attending to whom we belong to.

CLIENTS' PURSUING KNOWLEDGE OF THEIR OWN HISTORY

Family members are likely to have their own resistance to being questioned about family history. When I first began asking my mother about my own genogram, she was very irritated. My aunt, who never otherwise mentioned anything physical, used to say she was having an attack of colitis any time I began asking about family history and wouldn't talk. Eventually my mother came around to the position that "At least now Monica has begun focusing on the dead relatives and leaving the rest of us alone." So I know well that there can be a lot of resistance to genograms. We have to try to understand what blocks family members—what anxiety, fear, or pain is under family members' reactivity—and proceed accordingly.

When family members react negatively to questions about the extended family or complain that such matters are irrelevant, it makes sense to focus on the immediate situation until the connections between that history and other immediate family relationships or experiences has been established.

There are usually reasons why people find discussion of their families "boring" or "toxic," and as therapy proceeds it will generally become clear what the resistance is about. The therapist will need to seek ways to overcome such resistance and motivate clients to explore their lives in context. Clients need to know that you really care about the history, and you may need to help them see the relevance as you explore their issues, pointing out similarities in past family patterns and urging them to notice transformative connections they can consider for their future. For example, if you point out that a grandmother seemed to have great strength in overcoming her difficulties and wonder how she did it, it could lead to questions about who in the family may know more about the grandmother. This could possibly guide the client in dealing with her own issues. Just the realization that the client comes from a family of survivors rather than a family of dysfunction may increase his or her motivation. Gentle persistence over time will usually result in obtaining the information and demonstrating its relevance to the family. But at the start it may be

preferable to slow the process down and go with the resistance, rather than challenging it, although at times it can be important to push the acknowledgment that certain key information is relevant, to help the client him or herself appreciate that the information matters.

In some situations clients are actively hostile about genogram information. In one African American family, mentioned earlier, the husband was actively hostile when he could see I was writing on my genogram the information I asked for about his children from a previous relationship. He had had a daughter who was now in her 30s and whom he had not seen for many years. In the following session without his wife, he admitted how angry he had been that I was including that daughter on his family tree. He said he had come to improve his relationship with his wife and for no other purpose. And, he pointed out, his wife wasn't too enthusiastic that I included his other daughter, either. I said I could sense how much he didn't want to deal with his daughter in the previous conversation and asked if could he tell me why. He said no, he had too much on his mind to deal with that. I said I guessed that missing him was probably creating a hole in that daughter's heart and asked how soon he thought he would be ready to deal with her. I actually expected he would put the issue on me and say, "Not until you convince my wife to stay with me." But to my great surprise he said instead: "Not until at least after the holidays!" When I pushed him that perhaps his cutoff hurt her, he added, "I know it's a hole in her heart because my mother tells me." It turned out his mother had been trying for years to get him to reconnect with his daughter. And, in fact, once he did reconnect with her, and gained three grandchildren who soon came to adore him as well, he began to work seriously on the issues that were behind his problems with his wife and was able to transform his relationship with her and many other family members.

My view is that we cannot ignore the importance of a client's negative family connections, at the same time that there is no point in haranguing anyone about issues. We need to try to find a way into their hearts. This may take a long time of getting to understand what has shut them down in the first place and reminding them to take their power back and at the same time consider the value of creating an opening. In this work I will actively use the extensive network of the genogram, encouraging clients to notice how many people get hurt when there are cutoffs. Children who have never

known the person lose out on cousins who may look like them and on learning a part of their history.

Encouraging clients' curiosity about their family history is the first move we often make to engage clients in learning more about their family system. It is surprising how often clients will say they feel close to another family member, though they actually know almost nothing about that person's life. But before clients begin asking family members questions, they should assess their own motivation for learning the history. It must never be "because I'm in therapy and my therapist wants the information!" The person needs to have a genuine curiosity to learn more about his or her history, or the family will likely receive the questioning as an intrusion. That would just draw the therapist into a triangle. But wanting to understand yourself and your family better is a fine reason.

Relevant questions about parents' life experience would include what happened during the parents', aunts', uncles', and grandparents' childhoods and adolescence and how they left home. How did they develop the characteristics they have now for saying what they mean or keeping the peace? An excellent way to have the client recognize what questions to ask is to have them write a biography of whichever family member they are having an issue about. The process of writing the story down will help them realize just what they do and do not know about the person.

MASTERING RESISTANCE TO GENOGRAMS: THE LEGACY OF UNRESOLVED LOSS

The following case is an example of dealing with resistance to genogram exploration in the initial stages of therapy. David and Kathleen Rogers were a remarried couple whose teenage daughter's behavior was the presenting problem. The video of this case is available from www.psychotherapy.net under the title *The Legacy of Unresolved Loss* (McGoldrick, 1996). (To stream excerpts of this video go to www.psychotherapy.net/McGoldrick).

First Session

In the initial session with the Rogers family I was trying to figure out what the problem was for each family member, who was who in the new family,

and what had happened to the first family. Figure 4.1 shows the basic information I had about the family at the start of therapy. From what I could tell it was the stepmother who was primarily upset about the daughter's behavior, a common "snarl" in remarried families, as we'll be discussing in [chapter 8](#).

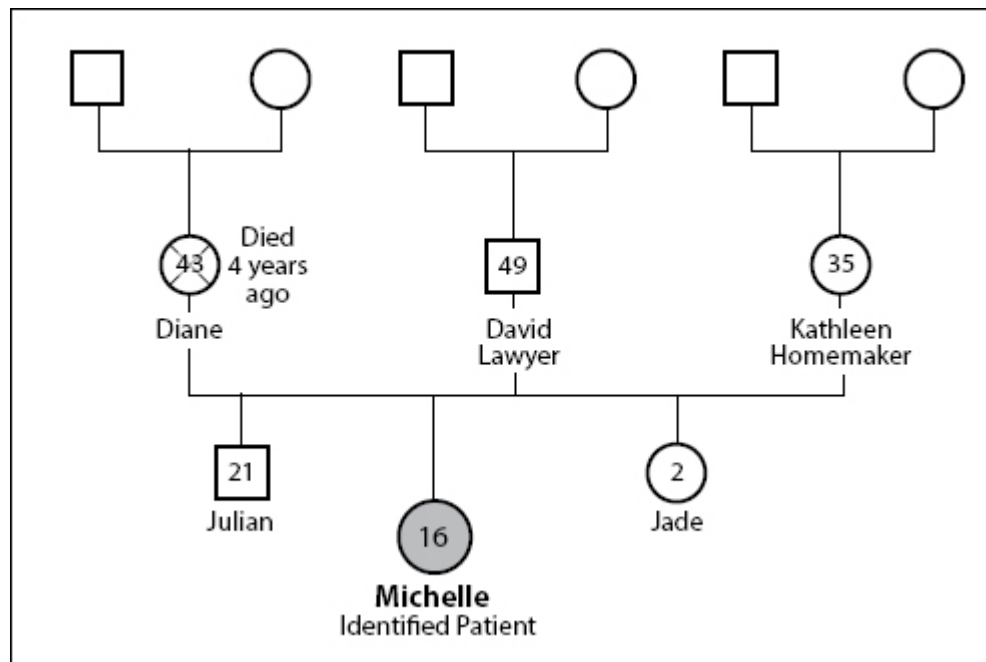


Figure 4.1: Rogers Family information at Start of Therapy

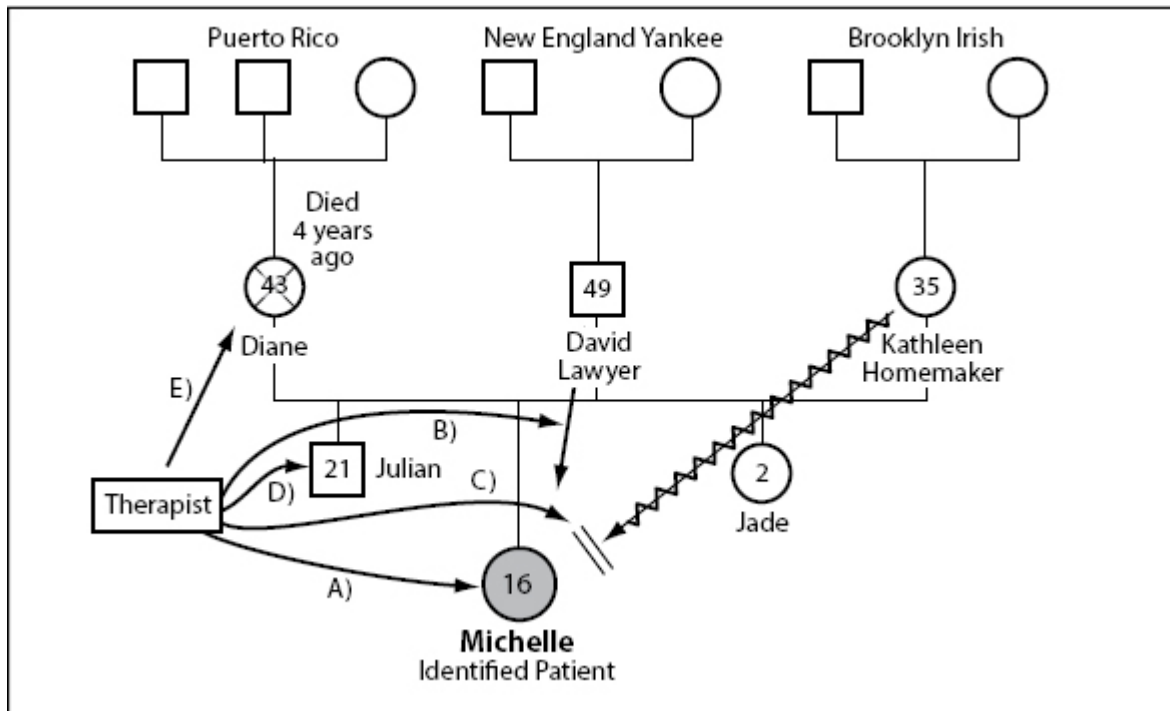


Figure 4.2: First Session Therapeutic Efforts with Rogers Family

Michelle, the 15-year-old identified patient, had been referred by her school because her grades were dipping and she seemed to be hanging out with different friends and being “difficult” in class. Figure 4.2 shows my initial moves in the first session. I was A) trying to understand Michelle and her presenting problem, questioning especially the father, since Michelle is his daughter. I was trying to B) emphasize and encourage the father’s connection to his daughter, and to C) minimize the stepmother’s responsibility. My assumption is always that it is the parent, not the stepparent, who needs to take primary responsibility when a child has a problem, so I was wanting to make the father more central in the exploration of the problem. Having inquired about the presenting problem, I tried to learn about the family’s history leading up to the current problem. I asked a few questions about the family, inquiring about D) Michelle’s older brother, Julian, who was away in college, and E) about the first wife, who had died. I asked when that had happened, when the new couple had married, and when the couple’s baby, Jade, had been born. At this point the father, David, a lawyer, interrupted me.

David: Excuse me just a second. Is this really necessary, for us to go into all these dates? I mean, it seems like we’re here about Michelle’s problem, and I’m just wondering

whether we could use time a little better.

In my experience this “helpful” suggestion from the father is not uncommon for men in dealing with women therapists. Perhaps without even fully noticing it, the father’s patronizing behavior was telling me as a therapist how to do a better job. I would not generally go after such behavior so early in the situation, because I assume that anyone who has such a strong need to put the therapist on the defensive is probably feeling uncomfortable himself. But if I were supervising a young therapist, I would try to help him or especially her be conscious of this sort of confrontational behavior, and help him or her track it and find ways, gently, to handle it as s/he goes along.

In my answer I asserted my reasons for conducting the session the way I was. I tried to clarify for the father the need for my questions.

MM: Well, I’ll tell you, from my perspective you never know what part of the history may turn out to be relevant to the presenting problem. But very specifically, what your daughter said was that she’s been upset since Jade was born. Now, I don’t know exactly what that means, but surely the specific time when she was born would make some difference in that you must have had to do a lot of family rearranging around her birth, no?

I proceeded to ask about the older son, Julian, who had been away at college for the past 2 years. Then I asked the father about his own background. He told me he was raised as an only child after an older brother, who had had the same name, died in infancy. I asked if his father was alive, and he told me he had died. When I asked the cause, he told me liver disease. But when I asked if he was a drinker, he said:

David: Well, he enjoyed drinking, but he certainly wasn’t an alcoholic.

In asking any question about a person’s history, we must be prepared that it may raise an uncomfortable, difficult, or painful issue for the client. So every conversation is potentially complex and delicate. Especially given what I was already sensing about the father’s discomfort and tendency to be patronizing, I tried to be careful in my response to his defensiveness about his father’s drinking. At the same time, that would be important information, given that substance abuse is one of the most common patterns for teenagers struggling with other problems. The fact that the father has already said his father had liver disease also steered me toward the question.

MM: I know this is sort of hard to talk about sometimes, different things in your family. But did anybody else ever think he had an alcohol problem?

He gave me minimal information, including that he had a happy childhood in an upper-middle-class family who were “WASP: white bread with the crust removed.” With the skeletal genogram completed on his side, I moved to ask about his first wife, Michelle’s mother.

David: She grew up in Puerto Rico. [*Michelle smiles*]

MM: You look like you like that? Do you?

Michelle: Yeah.

MM: You think of yourself as part Puerto Rican?

Michelle: Absolutely. I am, aren’t I?

Michelle, who had given minimal answers up to this point, seemed to come alive with this question. Since adolescents are typically not enthusiastic about being brought to therapy, we need to work at engaging them around issues they consider relevant. So I asked her a bit about Puerto Rico, how often she had been there, and so forth. This led to conversation about the Puerto Rican side of her family and then to the question of her mother’s illness, which led to my learning that she had in fact spent the last summer of her mother’s life in Puerto Rico with the grandmother, because her mother was so ill. When I asked Michelle about her closeness to her grandmother, the father suddenly broke in with another challenge to the process, confronting me for having “wasted” most of the session with this “ancient history” and thus giving his daughter an excuse for her misbehavior. He demanded to know how long therapy would take and what it would cost.

MM: [*To Michelle*] It sounds like you were very close to your grandmother. Were you?

David: Excuse me, Monica. I have to ask the question again. Where is this leading? We’ve wasted most of the session going back to this ancient history, and what I’m really afraid of is that we’re not going to focus on what we came in here to address, which is Michelle’s misbehavior. And I’m very concerned that she’s going to take this as a cue, that this is some sort of excuse . . .

MM: Was there something about that that got? . . . I don’t know . . .

David: No, it’s just that she really wasn’t very close to her grandmother. That’s the point of fact. And I just am afraid that if we just keep harping on this stuff here, we’re not going to deal with what’s going on with Michelle at school. Now, I really feel like, if we’re going to go on with this, I need to know how long this is going to take. You know, I’m a lawyer and I work with contracts and we have to tell our clients, we have to tell them how long something’s going to take and what it’s going to cost.

My first response, of asking if something had upset him, was undoubtedly the wrong one. If he could discuss what was upsetting him that easily, we probably wouldn't be having such a conversation. So when he barged ahead with his lawyerly challenge, I tried to give him a straight answer about the difference between this situation and his work as an attorney. And I wanted to be as supportive as I could in this challenge. So trying to reassure him about my commitment to being accountable to him in the process and not having the therapy remain too open-ended for too long is important. I think such reassurance is always essential in trying to engage clients. No one should be expected to trust endlessly without seeing results. And therapy is a contract that has to work for both parties. In that way it is similar to a legal contract. But it is different in that there is always initial ambiguity about exactly what the problem is, who else is involved, and who will need to be engaged to solve the problem, which cannot be foretold ahead of time.

MM: Well, in some ways this is a little bit different situation, you know. It's very hard, until I get a sense of what the story is, to know how exactly to help you to figure it out.

David: Can you give us some ballpark figure?

MM: Sure. And I feel very strongly about being accountable to you. So you're going to have to feel okay with the process. In a general way, that's going to take us a few sessions, you know. What I would say is, that if after we've met 3 or 4 times you still feel as you do now, "What does this have to do with anything?" Then, I would say, let's really talk about it. But until we get a sense of what the history is, and how that might relate to whatever's happening right now both in your family and for her at school, I kind of need to get oriented to this.

David: All right. Well, I think we have to think about it.

At this point the wife urged her husband to continue, which was helpful. My judgment to press the father in this situation was influenced by my assessment that because it was a school referral, he would want to look good to the school and would not want to just walk out of my office. Had I not had that thought, I might not have dared to press him as hard as I did to go along with me. In such a case I would probably have moved to get more details about exactly what in Michelle's behavior was bothering him. Of course that might have led me to ask if he or his wife had ever had any similar problems in their own adolescence, which again would bring us back to history.

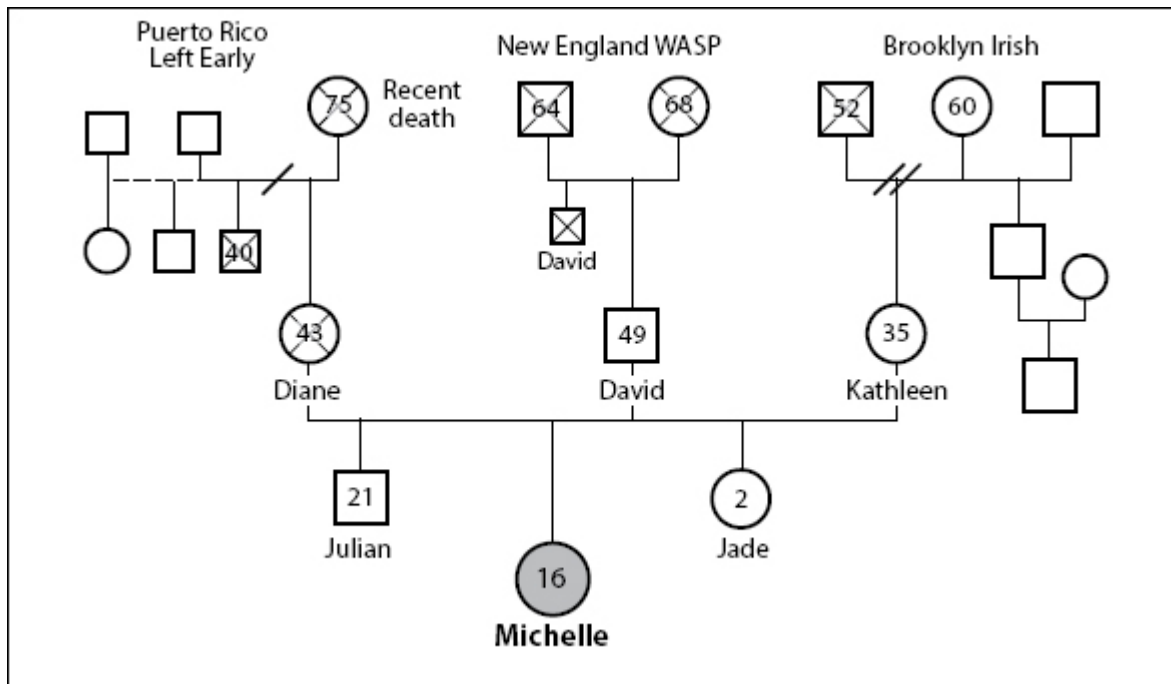


Figure 4.3: Expanded Information from First Session with Rogers Family

Such questioning is always a judgment call, depending on the seriousness of the situation, the sense you have of your clients' willingness to sit with you, and your leverage in relation to their context and the referring source. Figure 4.3 shows the basic information I learned in the first session. It reflects both where I had hoped to go and where they allowed me to go.

Genogram questioning is always a judgment call, which depends on how the family responds to your questions. As you can see, I inquired about the families of David and Kathleen and the deceased first wife, Diane, as well as Michelle's two siblings. I would have wanted to get more background about Diane's family as well as about the evolution of David and Kathleen's relationship, marriage, and parenting, but there was no time.

Once the parents agreed to come back again, I asked Michelle, who had been watching her father's reactions intently, what she thought about coming. Her answer was "It beats being grounded!" She was probably reassured to see me challenge her father and perhaps also to see her stepmother press him to continue, all of which would be important for efforts to get her better connected to her father, factors that would clearly be important for her future.

Second Session

The wife's reassurance may have helped bring her husband back, but it did not really hold down his anxiety. By the time we met the next week, he had to tell me again that we had wasted time the previous session by ignoring the present and talking about the past, especially Michelle's grandmother, who he strongly conveyed was irrelevant. Meanwhile, perhaps just to show me how far off course I was, he said that Michelle's problems were getting worse.

David: Monica, I've been thinking a lot about last week, and I still feel that it's important that we focus on the present and not so much on the past. I mean, we spent a good deal of the session last week, as an example, talking about Michelle's grandmother, who Michelle saw for all of about 4 months total in her entire life! And I really think we need to focus on the present and Michelle's behavior, which is continuing to be very difficult.

MM: I have to tell you that from my perspective the past really influences the present in such important ways that we cannot *not* deal with it. But I'll tell you what. Let's start with what's happening now . . . Obviously there's something that you wanted me to understand, that you think I don't yet understand. So why don't you tell me what that is?

I was, with this intervention, aiming to address David's challenge, letting him know that I would not ignore the family's history. But at the same time I wanted to understand the present distress that was concerning him and his wife. Kathleen proceeded to complain about Michelle's loud rap music and the friends she was hanging out with who were from an area she thought was not safe. Michelle interjected that the parents really object because her friends were Black and Puerto Rican.

At this point I decided to talk alone with Michelle. I had not had time to do this in the first session, but I always want to meet with children alone early in therapy, to assess their level of distress and to hear their perspective on the family problems as well as their individual issues, which adolescents are generally reluctant to discuss openly in a conjoint session.

I consider it always important to spend time with family members separately because there are often things they will not say openly in a group that may help me understand what is going on. This is particularly true for less powerful family members, such as children or adolescents, but it also goes for women, and often for men, who may fear losing face if they admit to problems in front of other family members.

In speaking to Michelle alone, I felt reassured that she was not headed in the wrong direction with her friends, whom she had met at a summer

theater program the previous year. I was also reassured that she was still interested in learning. She told me as well that she feared her father had no interest in really understanding her experience.

MM: Your guidance counselor, and she's known you, thinks you're basically a terrific kid, but you've really been different the past couple of months. That's why she referred you. I don't know what you think about that. Do you think she should be worried?

Michelle: I'm not really doing anything major. Yeah I cut a couple of classes here and there . . .

MM: But from what she told me, it's different. Because she said you've always been a good student, but you've been hassling some of your teachers, cutting in ways that you never did before. And her sense is, something's happening. Your parents' fantasies are obviously going wild. I think it comes from really caring about you. So you need to know that.

She conveyed her hypothesis that the parents were really upset because her friends were Black and Puerto Rican and that they're reacting to media stereotypes. But, she said, her friends were really good, interesting kids. She felt she could relate to them in ways she never could to anyone else. I challenged her to acknowledge that it is easy to get in with the wrong crowd in high school and to be pulled by peer pressure. She reassured me.

Michelle: But that's not me! It's not me!

MM: Well, okay, I'm just asking, because I don't know you, you know, and because it sounds like there has been a recent change. And what I'm trying to figure out is what happened, recently? I mean, last time you were saying the focus seemed to be on the baby. But the baby's 2. That's not recent. What do you think is upsetting your parents so much, now?

Michelle: Just that I'm hanging out with Puerto Rican kids.

MM: Why? Why is that so upsetting to them?

Michelle: I don't know why that's so upsetting to them. But you saw yourself. When my father was talking about my grandmother, it was like she was a nonperson.

MM: He doesn't know how connected you were to her?

Michelle: What did it sound like?!

MM: That's true. But. I couldn't really tell what that was about. Have you ever talked to him about what that means to you?

Michelle: He wouldn't understand. He wouldn't get it.

MM: Really? Do you miss your mother?

Michelle: Do I miss my mother?!! Yes.

MM: Was there something that was triggered when your grandmother died?

Michelle: My father wants to ignore that it even had any relevance to my life. But I was with my grandmother when I found out about my mother dying. She was the one that was there with me. Not my father! And it should have been him.

MM: Have you ever talked to him about that?

Michelle: He wouldn't . . . no.

MM: He wouldn't what?

Michelle: It's like, he's not there.

MM: Okay. But maybe that's the issue. I mean, maybe you and he need to get connected in a way that's really been missing for you. I don't know. That's what it sounds like. That he doesn't know where you've been at.

Michelle: And he doesn't even take the time to try and find out, either! So how can he know?

MM: I think maybe we need to talk about this. And some of his resistance about the relevance of your history you can tell him about. You know, he's not going to hear it from me! But he's going to hear it from you, because he's going to know that that's what's relevant, because that's history that you and he share. You know?

Michelle: But he's not ever going to want to talk about it.

MM: Well, you know, maybe it's time to talk about it.

Michelle: I mean you heard it when he was here. He was even saying why are we talking about stuff that's past.

MM: Okay, but you can help him to understand that. And I'll help you.

Here was my avenue to help the father appreciate the importance of history. Michelle made it quite clear in this short encounter what she was struggling with and what has gone wrong for her. You do not always get this "lucky" in therapy to find out what the core issue is this early in the process, but you are always seeking to make sense of the "Why now?" What has happened that led to the person or the family getting off the track? And how can you help them get reconnected? In this case the father's insistence on staying in the present begins to make sense. He is hoping not to have to deal with his children's pain around the loss of their mother, which perhaps he did not fully mourn himself. The unresolved mourning has left pain and disconnection for Michelle especially. Understanding that, I could now try to help her build a connection with her father.

The resistance to genograms is almost always attached to some kind of trauma like this. It is about something that has gone painfully wrong, that family members have tried to get around without facing. Our job is to help them face the pain and deal with it so they are free to move forward. (To stream excerpts of my video *Facing Unmourned Loss & Trauma: Building Resilience*, go to www.psychotherapy.net/McGoldrick. To obtain the full video, go to our website www.multiculturalfamily.org.)

It is because of the importance of emotional connections in families that I pressed the father to discuss the family's history. I assume that when people get stuck and come for therapy, it is usually related to their relationships and their history, which are best mapped on their genogram. Thus, the genogram becomes the basic guideline for tracking what has been evolving in the family:

- ▲ when the problem began,
- ▲ what other stresses occurred in the family at that time, and
- ▲ what is the history of relationships for the family.

Figure 4.4 illustrates my efforts during this session, which began with the father accusing me of wasting time with the history and the mother complaining about Michelle's behavior and friends. Asserting again the value of the history I then try to A) connect with Michelle, first to make sure that she is okay, then to see what her hypotheses are about the parents' upset, and finally to explore the history from her perspective, which leads directly to the current problem. As she tells me about the importance to her of her mother's history and her history with her grandmother, she clarifies how her father's refusal to acknowledge the importance of the history has been affecting her, and I let her know I will help her to deal with those issues with her father. I then make the case with the parents of the necessity B) for the father to engage with his daughter about the history, and C) for Kathleen, the stepmother, to stay in the background because it is not her problem.

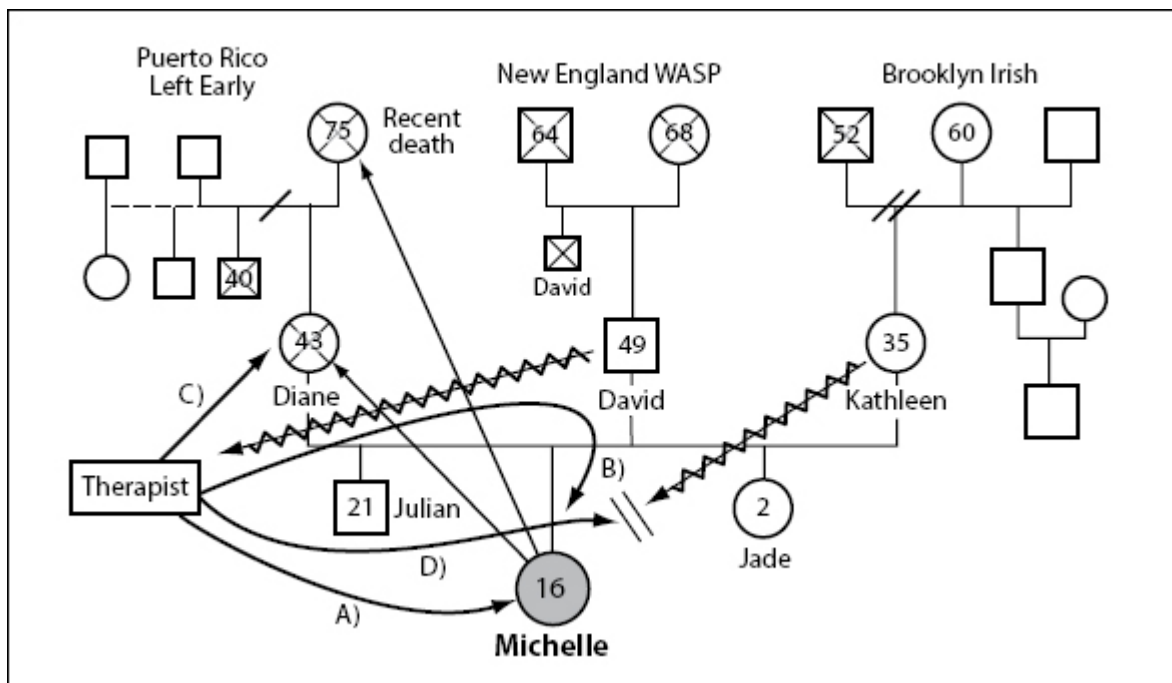


Figure 4.4: Moves in Second Session with Rogers Family

Later in the session, I talked with the parents alone.

MM: [*To David*] It was clear to me that Michelle feels not as well connected to you, . . . that she cannot really talk to you, that she *has* not really talked to you. She said that she's never really been able to talk to you about her mother's death.

When you say to me, "Let's forget the history. We have got to deal with this present problem," the sense I have is that the present problem really is related to the history, and that you and she cannot really share the history matters. I think we really need to just talk to her about it.

[*To Kathleen*] I think this relates to a history that's before your time, you know? If you were God I don't think you could get it right with Michelle, until she feels better connected to her father and better able to deal with the loss of her mother. So I think that some of what you're really very irritated about with her is that she is struggling to put together a history that was before your time, you know. Some of it is really just being a teenager, let's face it. But some of it I think she needs to work out with her father, and it's not your problem. You know what I mean?

Kathleen: Mm-hmm.

Third Session

In the next session I met with Michelle and her father alone.

During the session we discussed that Michelle had been sent to her grandmother in the months before her mother died and never really got to share any of her feelings with her father. I pressed the father to discuss details of the mother's dying, which he was reluctant to do. Michelle went over the details of how she got the news from her grandmother about her mother's death. She conveyed that her father did not arrange for her to come home for the funeral. He realizes in the conversation how attached Michelle was to her grandmother and now apologizes for not telling her recently when the grandmother died. This unacknowledged loss seems to have been the precipitant to their coming to therapy. Michelle had heard her aunt's phone message about the grandmother's death. But the father didn't mention it for days. When he finally did, as she reminded him, he blew it off: "You remember Carmen? Well, she died." I pressed him to discuss this shared history that they had never talked about. And then I raised the issue of the brother, Julian, being missing from this conversation. I asked whether he could come in for a session. The father's reply was that that would be impossible, as Julian is in Colorado in college. I pressed the issue.

MM: You see, to me it's the same point, just as she needs you to be her father, maybe this is important for him, too. She needs her brother, and he needs to be a part of this, you know. She was his mother, too.

David: I suppose. That's a very expensive weekend.

MM: But it's a very valuable family, isn't it? A part of you knows this is really crucial, and I still think it really matters, you know?

Figure 4.5 illustrates my efforts in this father-daughter session. I was trying to A) help the father stay present to learn B) his daughter's experience of the history of the loss of her mother. I wanted to help him C) tell what he could of the history as well and to support his daughter in spelling out her memories and feelings. Then I wanted to help the father be accountable for his behavior in ignoring the importance of the grandmother's recent death for Michelle. And finally we deal with D) the importance of Michelle's brother, Julian, both for her and for himself in receiving his father's acknowledgment for what happened for him around his loss of his mother.

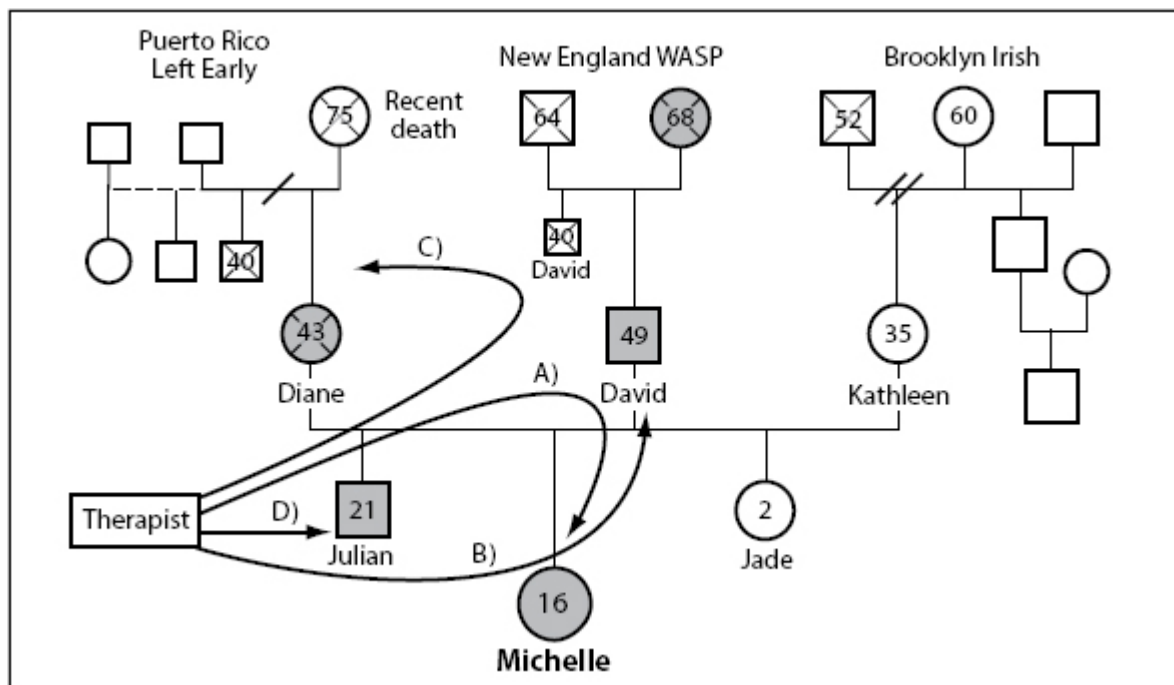


Figure 4.5: Moves in Third Session with Rogers Family

Fourth Session

The father had left the third session agreeing to arrange for his son to come for a session. The following session was a blowup. The wife came in furious that Michelle had stayed out late and that David, the father, didn't seem to be doing anything to handle her acting out. Kathleen seemed to have been triggered by hearing that the son was being invited to come for a therapy session, which precipitated her fears that her husband was still more

connected to his first family than he was to her and that she and the new baby were being ignored.

Figure 4.6 illustrates my move in the fourth session to lower the temperature, A) support the stepmother to hold a background position rather than becoming the main focus of the problems, and B) keep Michelle and the parents from having Michelle again become the identified patient and problem. I wanted the family to C) hold on until the father could deal with both of his children around the loss of their mother and take the position they needed as their father. Then we would have space for him to become really married to his second wife and to focus on the needs also of their new child. Incidentally, a good aspect of the stepmother's frustration was her upset with her husband that he wasn't doing more to deal with his daughter. While I could not pursue that for the moment, I saw it as a good shift that she realized Michelle needed more from her father than he was giving. Even though she was focused on limit setting, she was emphasizing the need for him to take a position with his daughter, which was excellent.

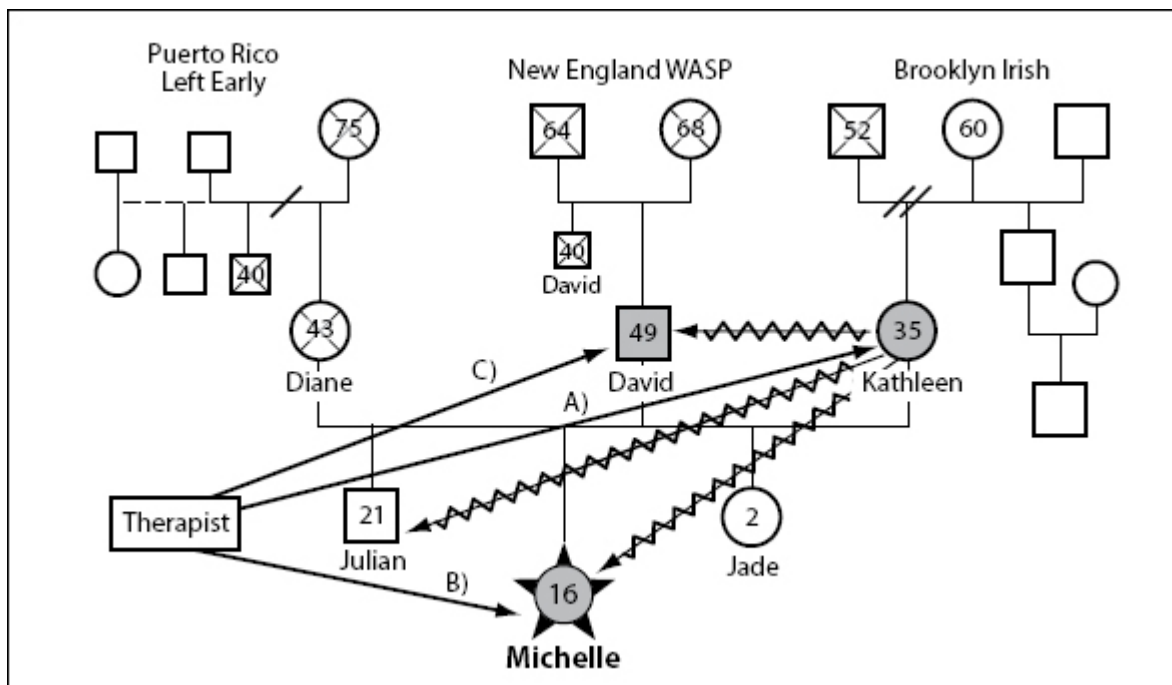


Figure 4.6: Moves in Fourth Session with Rogers Family

This is a very common problem in dealing with genograms and family history when you're working with remarried families. The new spouse often becomes jealous and reactive to work on aspects of the history s/he did not

share. This must always be dealt with. Even as clients attend to their unfinished business with an ex-spouse, children, or other family of origin issues, they need to work on their connection to the current partner so that that person's reactivity does not escalate. So even as over time I would work to have David step up to the plate on his daughter's behalf, the rebalancing toward his having major responsibility for his other children would be an important part of the change. Early on in the therapy of remarried families, it is often only the stepparent who is doing the talking, as had happened here, and this is an important issue to help them modify.

Even when David brought the son from Colorado for a session and himself began to realize how much his children had missed in his response to them, he continued to resist dealing with his history. As he began to pursue his understanding of his own family, he gradually began to realize that the shutdown he showed with his children was something he had learned years before in his own childhood with his alcoholic father and depressed mother, who themselves had always avoided dealing with their own pain. At times he came to sessions full of excitement as he learned new things that helped him understand himself, only to forget what he had decided to do next by the following session. But once he really began working, the wife's frustration at his efforts diminished, because he became a much more available partner to her.

If we think of this family in terms of the changing focus as the case progressed, we might visualize the family at the start of therapy (Figure 4.7) as one in which the father wanted me to "fix" his "acting out" daughter. No one saw any extended family issues as relevant, and there was no importance given to the other children in the family, either. My first moves were to explore the genogram, asking about the other children, the dead mother, and all three sets of extended family. In the second session we focused in more on Michelle's issues, her loss of her mother and the role of her maternal grandmother, Carmen. Next, I focused on trying to relieve the hostility between Michelle and her stepmother by putting the stepmother on "vacation," since Michelle was not her problem and she was not Michelle's problem, even if they perceived it otherwise. Thirdly, I tried to focus on the father being father to his daughter.

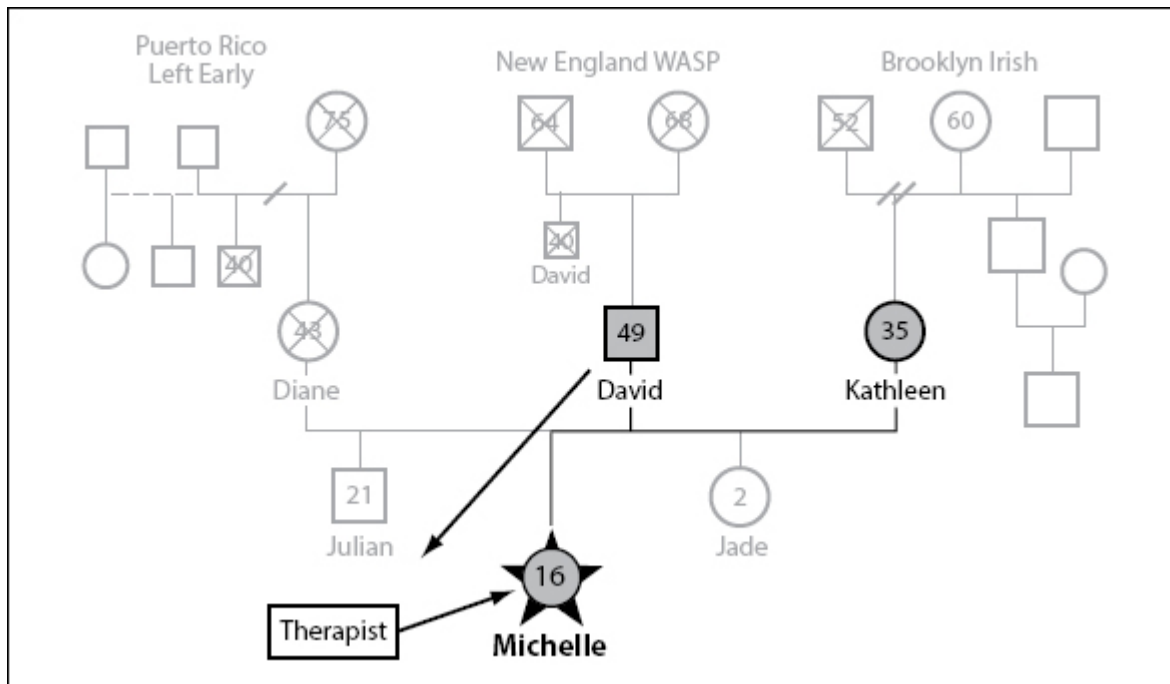


Figure 4.7: Rogers Family's Initial View of Problem and Solution

By the fourth session the parents seemed to have regressed back to their first position, both focusing on Michelle's bad behavior, the father pressing me to fix his daughter and to stop all this talk about other family members and long-forgotten history. I instead tried to focus attention on the father being father to his daughter and acknowledging her experience of her loss of her mother and need for his attention.

Later Sessions

In the fifth session we met with David, Michelle, and Julian and focused on the death of Diane and the role of the maternal grandmother.

By the seventh session I was able to refocus David on his own family of origin and how his own experiences had influenced his inhibition with his children over the loss of their mother. Now we could explore details of his family history that he had initially refused to acknowledge. He began to explore earlier losses in his family and to look at his parents' lives. He was himself owning his history and becoming curious to understand what had happened to his parents. I was focusing more effort on him than on his wife, because his was the issue that had gotten the circuits jammed, namely that his inability to deal with his feelings had led him to neglect his children at

the time of their greatest need, the loss of their mother, and for the years since then.

Figure 4.8 offers an abbreviated family chronology for the Rogers family to indicate how critical such a time line can be for tracking patterns clinically. In addition to the material discussed here, there were many events and experiences that emerged over time in therapy, particularly in relation to David's genogram, that helped him understand his own history and his tendency to shut down, which was a major part of the presenting problem. A crucial shift occurred when he visited his mother's identical twin sister, whom he had not seen since his mother's funeral 9 years earlier. This aunt was able to help him learn much about his own family history that he had never known. The aunt gave him his mother's diaries, which opened his eyes to much that had gone on during his own childhood to which he had been oblivious.

Rogers Family Chronology

- 1943** David's parents married.
- 1944** First son David was born.
- 1944** Son David died at age of 1 month.
- 1946** Second son David was born.
- 1948** Diane, David's future wife born (youngest daughter of her mother Carmen.)
- 1954** David's mother had miscarriage.
- 1956** David's mother had another miscarriage.
- 1956** David's mother had affair with husband's best friend, Bob. (David was 10 and only aware that both parents had become depressed during that time. He was sent away to camp for whole summer and remembers being terribly homesick.)
- 1973** David (30) married Diane (28).
- 1974** Son Julian born.
- 1977** David's father died at age 54 of alcoholism.
- 1980** Daughter Michelle born.
- 1987** David's mother died at age 68.
- 1988** Diane's older brother died at age 40 in a car accident.
- 1989** Diane diagnosed with leukemia.
- 1991** Aug 18: Diane died at age 43. Michelle, age 12, was in Puerto Rico and did not return for the funeral. Julian was 17.

- 1992** June 10: David (age 46) married Kathleen, age 32, whose parents had divorced when she was 9.
- 1993** April 10: David and Kathleen had baby Jade.
- 1993** September: Julian left for college in Colorado.
- 1995** The maternal grandmother, Carmen, Diane's mother, died in Puerto Rico.
- 1995** Family is referred to Therapy just a few weeks later for Michelle's "acting out" at school.
- 1996** David makes visit to his Aunt Nell, age 79, his mother's identical twin sister in Westport Connecticut, whom he has not seen since 1987, and receives mother's diaries and photo album.

Figure 4.8: Rogers Family Chronology

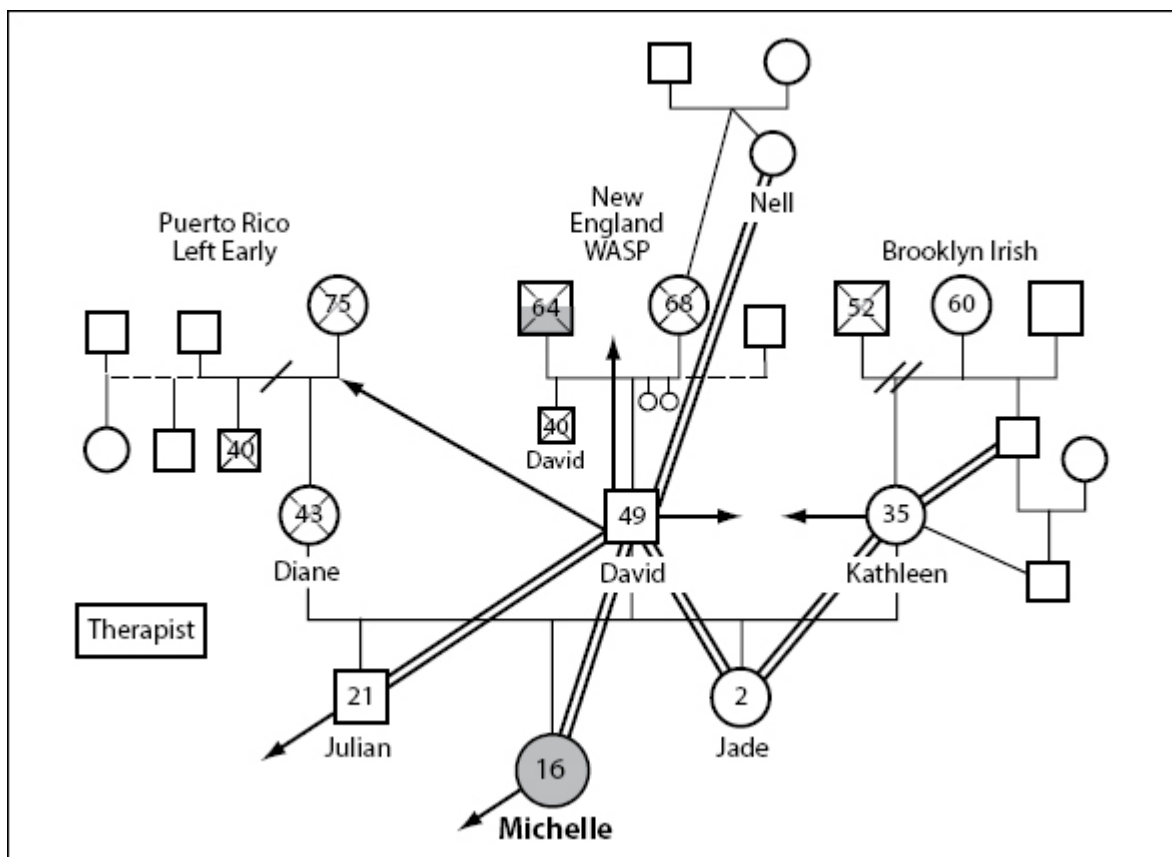


Figure 4.9: Rogers Family at End of Therapy

Figure 4.9 shows the genogram at the end of therapy, after 17 sessions. All family members who were on the genogram had been discussed and their roles taken into account. The father had spent the most time understanding the ways his parents' experiences had influenced his own

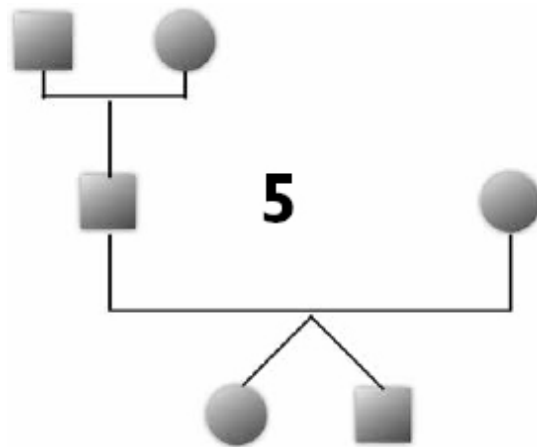
emotional shutdown and negativity about his own genogram history. He had turned the patterns around and was working hard to stay connected to his children, his wife, and his other family members. The new couple was closer to each other, Julian and Michelle were getting on with their lives, and David had made a strong connection with an aunt through his efforts to learn about his family. Kathleen had reconnected with her brother and his son, and, most surprisingly, the family was thinking of taking a family vacation to Puerto Rico.

CLINICAL QUESTIONS REGARDING RESISTANCE TO GENOGRAMS

While the following list of questions is hopefully helpful in dealing with families who are resistant to genograms, the most important thing to remember about genogram questioning is that it requires appreciation for when *not* to ask more questions and just respect a person or family's wish not to share their history. So these questions can only be asked where the context allows it. They are questions the clinician can nevertheless ask him or herself:

- ▲ What might be behind a family's reluctance to discuss their genogram? The most likely answer is that the person or family has a sense of shame about the history. Alcoholism, suicide, schizophrenia, sexual secrets, or other issues about which families are often made to feel shame can be at the root of a family's general wish not to discuss their genogram.
- ▲ What might the expansion of the context from the presenting problem to the genogram mean to the person or family? Most often family members fear that they are responsible for the presenting problem, so refocusing our questions to their own story implies that it is relevant to the problem and may leave them feeling guilt or shame for a family member having a problem in the first place.
- ▲ Questions we might ask the client pertaining to a sense of belonging or resilience include:
 - What keeps you going when you run into a difficult problem?
 - Who believed in you in your life?

- Where and when have you felt most “at home” in your life?
- Are there people you have ever been able to consult about your issues who were helpful?
- What do you think your grandchildren or other children of the next generation would want you to do now?



Fusion and Cutoff

EXPLORING GENOGRAM PATTERNS OF FUSION, CUTOFF, AND INVISIBLE LOYALTIES

Key patterns for therapists to explore on any genogram are relationship closeness, which has become “fusion,” or enmeshment, and at the other extreme, distance and cutoff of relationships. At the extremes might be the 45-year-old adult who calls her mother six times a day (fusion) or on the contrary has had no contact with her siblings or parents in the past year (cutoff). Ultimately, fusion and cutoff go hand in hand. At a certain point, the person involved in a fused relationship may rebel against it and break off the relationship. The paradoxical thing is, however, that fusion and cutoff are very closely connected in terms of relating. When you see cutoff, you are likely to see fusion nearby, and vice versa. The most problematic patterns are where there are covert or invisible patterns of fusion or cutoff, which make the clarification of patterns even more complex to decipher.

Patterns of fusion and cutoff may be obscured by differences in the level of communication that is thought to be ideal in different cultural contexts, such as how much socializing is expected with extended family once young adults are married or how frequently in-laws can call or “pop in” on their

married children. But fusion and cutoff are dysfunctional, closing down communication and relationships in a system.

Emotional maturity is a measure of the extent to which individuals are able to think, plan, know, and follow their own values and self-directed life course, while being emotionally present with others, rather than living reactively to the cues of those close to them. Mature adults do not have to spend their life energy on winning approval, attacking others, intellectualizing, keeping themselves emotionally walled off, or maneuvering in relationships to obtain control or emotional comfort.

Our underlying systemic assumption is that neither fusion nor cutoff are ever the best option. Cutting off of a part of the system is like death. Viewed from a systemic perspective, cutoff always involves more than one person, since all members of the system are connected. So a person who stops talking to his sister is also depriving his children of an aunt, his nephews of an uncle, and the next generation of a part of their history.

Fusion

Fusion refers to situations where one or both people give up “self” for the relationship. They become placaters or underfunctioners to another, who becomes the overfunctioner. We always track genogram patterns for the level of fusion, that is, two people thinking or acting as one, without the possibility of operating separately. Their behavior becomes so interdependent that individual thinking is not an option. This has nothing to do with a relationship in which one person requires caretaking and the other decides freely to participate in this for the sake of the second person, although caretaking relationships can easily become fused.

Patriarchy has always expected fusion in couple relationships. The wife was expected to give up herself for her husband, and he was expected to accept that situation, in which only his needs were taken into consideration. In that circumstance and many other fusion relationships there is a serious power imbalance: one person’s needs and feelings predominate, and the other’s become invisible as they focus on responding to the partner. Generally those in the more powerful position in such fused relationships remain oblivious to its nature, unaware of the extent of their privilege in getting their own needs met and of their invisible dependence on others.

They rarely even notice that the other person's needs have not been addressed in the relationship.

In a similar way, racism requires fusion of those in the subjugated position. White supremacy operates on the assumption that whites have the "self" and people of color are there to serve them. So white people have mostly failed to notice the extent to which they are in fused relationships with others whose needs have been completely sacrificed to their own. They assume that their own needs and values are the only ones to be taken into account.

In families, fusion is also common, generally involving the larger, stronger person or the one with more power to dominate and thus draw into fusion less powerful members of the system.

The process of developing a fused relationship has to do with managing anxiety. Developing a fused relationship generally has the function of lowering anxiety, especially for the more powerful person in the relationship, and especially in the short run. The fusion is experienced as "togetherness" and connection, even though it is at the cost of one's authentic self. As Yalom (2012) puts it: "Fusion eradicates anxiety in a radical fashion—by eliminating self awareness . . . Thus one sheds anxiety but loses oneself" (p. xx).

Distance and Cutoff

At the other end of the spectrum a major concern in therapy is tracking patterns of distance and cutoff—a client who hasn't seen a sibling in years or hasn't spoken to a father in decades, but also immediate family members who have never had a genuine conversation. By cutoff, we are not talking about refusing to participate in an abusive relationship. It means not closing the door to the possibility that an abusive person might change. Cutting off another person means writing him/her off as incapable of change. Cutting off violates the systemic principle that human beings are by nature interconnected and life implies the possibility of change. Even where systems have become very inflexible, there are always possibilities of change. All human beings are capable, given dire enough circumstances, of becoming "toxic"—that is, promoting destruction in their wake—but the systemic assumption is that systems are also always capable of change. The

therapeutic endeavor always aims to encourage clients toward flexibility and promoting the potential for systemic change.

A crucial point of systems thinking is realizing that cutoff—not being open to having a relationship with someone you belong to—is not a systemic option. It denies our human connections with those we belong to. As Bowen used to say, if you are not willing to sit in a room with your mother and relate to her in a generous way, you are not differentiated, no matter how you excuse it to yourself. He didn't mean spending your whole day trying to connect to her if she's relentlessly abusive, critical, alcoholic, or unable to respond to you. He was referring to the willingness to check in with her occasionally and see whether she's ready to connect and to be generous to her no matter how she is dealing with you. To live within a systemic perspective, this willingness always must be there.

In the same fashion, if a client is caught in a triangle between her parents, viewing her father as the good parent (martyr, nice guy, sweet, easygoing, loving, kind, and generous) and her mother as the witch, and has taken on the role of sparring partner of the mother and companion of the father in his complaints about his wife, she will need to change her stance, perhaps with humorous comments like, “Oh, come on, Dad, you know you can't live without her!” Unless she makes such moves to get out of her entanglement with her parents she will never get unhooked from the triangle, which keeps her engaged negatively with her mother and fused and overfunctioning for the father, waging his battles with his wife for him.

Many clients think that having a superficial, “dutiful” relationship with a parent will do the trick: pay short visits and keep it polite. But this actually maintains the emotional cutoff, because the person is never willing to be real with the parent. Clients may maintain that it would kill the parent for them to talk honestly. This is where the therapist needs to draw a clear line and say something like: “What else is there in life besides trying to have real relationships? If you're not willing to try, then it rests on your head if it doesn't happen. If you keep trying, even without success, you will have given it your best shot. It is not your responsibility if the other person isn't willing to walk through the door.”

But the first phase in differentiating from a toxic parent, or really any parent, is to learn as much as possible about him/her. This means being open to talk to siblings, aunts, uncles, grandparents, friends of the parent—anyone

who may be able to share a perspective and help you understand that parent as a human being.

Nuala O'Faolain (1998), an Irish journalist who struggled all her life with her alcoholic parents and their impact on her and her siblings, wrote very poignantly about learning from a librarian that her mother was a devoted reader and how it shook her out of the rigidities of her negative views of her as a failed mother rather than as a person.

As emphasized already (don't attack, don't defend) we always recommend keeping anger and blame out of your conversation. If the other person is angry and blameful, we urge clients to stick to their intent of finding an opening to have a relationship but postpone the conversation. There is no point trying to engage on important issues in an emotionally reactive, intense field. As Murray Bowen used to put it: there's no point taking an I-position (a clear statement of one's values and views on a situation) in the face of a family in reactive turmoil.

So what are the ways to begin to open things up? First of all, learning more about the others in the relationship system is primary. Explore the genogram. Betty Carter used to recommend asking about any "impossible" family member, "How did s/he get to be that way?" As soon as you can help the client begin to wonder about the other's obnoxious behavior and what drives it, s/he is on the road to thinking systemically about how to understand her/his family.

"TOXIC" PARENTS AND OTHER IMPOSSIBLE FAMILY MEMBERS

In this way of viewing the world, as mentioned already, there is no such thing as "toxic parents" or "toxic people" from whom it is advisable to cut off. This does not mean tolerating abuse. It means protecting oneself as necessary from anyone who is relating in an abusive way, but being at the ready to open one's heart, if at some point the person becomes willing to engage in a respectful relationship. The aim of genogram work in the early phases is to help clients see their family members as people who had a particular story, rather than as a "failed" mother, father, or sibling. We might say that from a systemic perspective, pushed by various life circumstances, any of us might become a perpetrator, just as any of us may become a victim. In fact, most of us have probably at times played both parts in our

lives and thus need to seek understanding of ourselves by seeking to understand all those in our system—the “good guys” and the “bad guys.”

If clients have been mistreated, our clinical job is to help them work on their sense of overwhelm, take their power back, and judge themselves for themselves, not by someone else’s judgment of them. Then, hopefully, they can leave the door open for the other person to walk through, if that person ever becomes ready to connect in a meaningful way.

Josie Vitale, a 30-year-old social worker and the oldest of three children from a family of Sicilian heritage, sought help after she had cut off from her parents. This had followed an angry incident with her mother, Angela (see Figure 5.1). Angela had called Josie to see how soon she would be home, because Sal, Angela’s husband and Josie’s father, was screaming at Angela and threatening her, as he had done many times, using foul language and physical intimidation. Josie felt something snap in her and decided she had to leave home, because she could not get her mother to take any action against the father’s violence and would often turn on her children in frustration when she felt overwhelmed by her husband’s abuse. Sal’s public face was extremely positive. He was a successful entrepreneur, outgoing and well liked in the community, and had a wonderful sense of humor. But his family experienced something extremely different at home. He was most physically violent to his middle son, John, 23, who was apparently seriously involved with both drugs and gambling, but had so far avoided legal problems because his father would in the end pay his debts. The mother was the youngest of three sisters, all of whom apparently had experienced serious abuse in their marital relationships, according to what Josie had learned from her cousins.

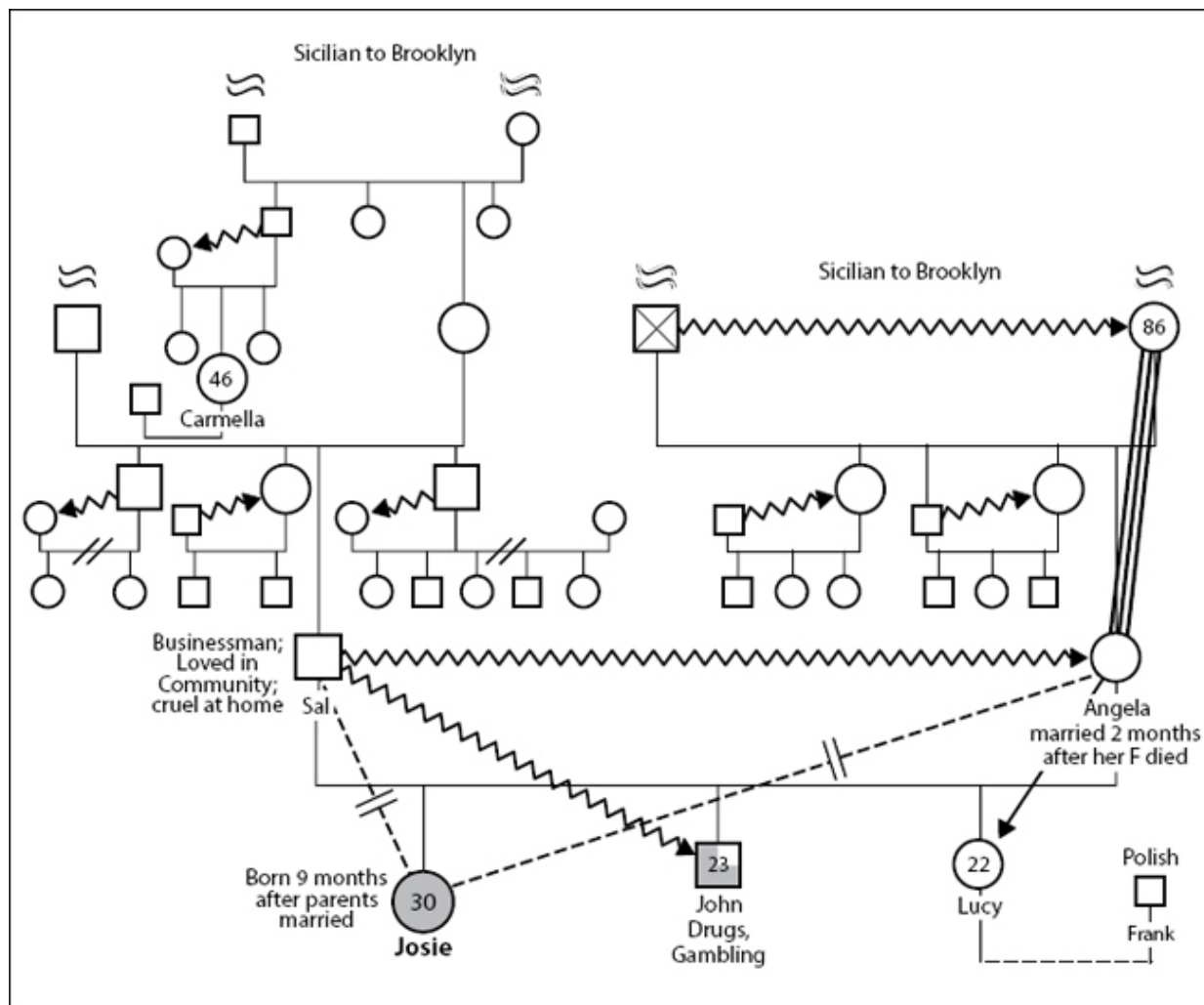


Figure 5.1: Vitale Family

Josie sought therapy because she knew she could not continue to live with a cutoff from her family. She loved them all. But she could not go on experiencing the “up-close-and-personal emotional abuse” that had been a continuous part of her family’s life since she could remember. As she recounted it, emotional and physical abuse had been common on both sides of the family for generations. Angela was extremely attached to her own 86-year-old mother, to whom she talked five or six times a day. The grandmother always encouraged Angela to keep herself in control and not react to her husband’s attacks.

Josie felt sure her parents would come to therapy with her and wanted to have a family session immediately. I tried to slow her down, suggesting that she and I think carefully about what was happening in her family and what she was seeking. She told me about various incidents of family violence in

great detail, but gradually and somewhat hesitantly she began shifting to tell me her genogram story instead. We went over the names and ages of all her cousins, and the marriages of her aunts, uncles, and grandparents. I tried to get the immigration story, but she knew little about that. She was quite sure that all the men in the family were involved in illegal and unethical behaviors in their businesses, in spite of having positive public reputations.

I suggested we not meet with her family until we had a better understanding of her goals. She pressed hard for me to meet immediately with her parents. I reminded her that she had just told me the problems had been going on for years and even generations, and that the big change was her sudden realization that she did not want to continue participating in the ways she had. She smiled at that realization, but said she still felt impelled to help her family. I told her I thought she and perhaps her siblings had probably been feeling that way for a very long time, but everyone was caught up in what we think of as fusion, where people have trouble holding on to their own ability to think clearly and get caught up in the emotional press from others in the family. By the second session Josie told me her parents, who had initially told her they were desperate for her to find a therapist for all of them, had found their own therapist and were no longer willing to go with Josie for help. I coached her to be positive toward this idea, no matter what she thought of the particular therapist, as it showed the parents seeking help together, which was a good thing.

In any case, it seemed clear by this point that Josie would need to do a great deal of preparatory planning for any reworking of her relationship with her parents.

She began by talking with a cousin on her father's side, Carmella, someone she had been told was "crazy," but who turned out to be a funny and surprisingly forthright person regarding the family's patterns. Carmella's father, Josie's paternal granduncle, had been another "Jekyll and Hyde," a charmer in public view but vicious to his family when behind closed doors. Carmella, a happily remarried graphic artist in her mid 40s, had raised one daughter, who was now in college. She had managed to protect her daughter from her father's abuse, making visits to the family on holidays, always in situations where she felt she could protect both herself and her daughter. Carmella knew various details about the family's immigration from Sicily to Brooklyn. She had heard stories of their near starvation before immigrating and of their developing a close bond of protection in Brooklyn, where they

felt uneasy, because they had for many years not known English and feared leaving their immediate neighborhood.

As time went on, Josie found ways to connect also with her sister, Lucy, who had been angry at her for “abandoning” the family. It was after Lucy got a good administrative job in a local pharmaceutical company and met her Polish boyfriend, Frank, that she started responding to Josie’s emails. Then Lucy began agreeing to meet with Josie occasionally and to build their connection. Lucy had experienced the parents’ wrath when she announced that she was getting her own apartment. Later, when she said she was moving in with her boyfriend, she received no end of vile curses from her father and vituperation from her mother. At the same time the brother, John, had been in rehab three times, but was still using drugs and gambling. The parents were continually preoccupied with his behavior, but never set real limits on him.

Josie wrote frequently to each parent from the time we began, letting them know how much she loved them and hoped for a reconciliation. Not surprisingly, the therapy they entered did not last, and though Josie invited them to join our sessions, they refused. She made efforts also to connect with her mother’s sisters and with her father’s three siblings, who all lived in the area. She made special effort with her father’s younger sisters, the youngest of whom had always been her favorite. On holidays she routinely put in an appearance at her family’s gathering, but did not stay long and did not allow herself to get into an isolated position with any family members.

Finally, she decided she was ready to meet with her mother. She gave a great deal of thought to what exactly she wanted to say to her. She wanted to acknowledge her mother’s difficult situation and the fact that the mother had lost her own father when she was only 18, just after which she had met and married Joe. Angela soon began having children, which had made taking any position with her husband difficult because she was now financially as well as emotionally dependent on him.

In planning for the conversation with her mother, Josie did a lot of thinking about how her mother might react to her attempt at talking. In the past Angela would frequently move into an escalating abusive conversation about how selfish Josie was for abandoning the family. We talked at length about what she would say to this. She decided she would say she was sorry the mother felt abandoned, but that she had felt that leaving was the only way to preserve her own sanity. She would say this in a calm way and try to

stay connected to the mother, even if she got upset. She arranged to meet her mother in a quiet restaurant, where she thought Angela would not be as likely to lose control of herself.

She had already written several letters in which she had let her mother know that she could no longer keep the mother's secret about the father's abusive behavior toward her and toward her brother. The mother had shared details of the husband's abuse with Josie since she was a young child but pressed her to keep it a secret. Josie told her mother how much she appreciated their meeting together and that she knew how much her mother loved her and her siblings, and emphasized that this meant a great deal to her. But, she said, she did not think it was good to protect the father's behavior by silence, and she would no longer pretend that the abuse was not a factor in their household.

While at their lunch the mother was surprisingly quiet and offered no blaming comments. At the end Josie suggested they meet again and try to find ways to get on a good track together. The mother said nothing, but within a few months the mother had taken a job at a friend's bridal shop, using her skill as a seamstress to do alterations, and soon expanded to making costumes for a local theater.

Meanwhile, Josie began writing to her father and came to the point where they were able to meet individually, although she still avoided most family gatherings.

Many times our work entails helping clients deal with situations like this involving "toxic" experiences or relationships, physical or sexual abuse, addiction, or mental illness, which have created abusive and neglectful connections in families. There may have been long patterns of denial, lasting years or even generations. Such situations will not be unraveled overnight, but one family member can definitely change a pattern of denial or secrecy and take a firm stand that the pathological patterns not be carried forward to the next generation.

Cassy Brown (Figure 5.2) came for help just before the Jewish holidays in 2013, saying her youngest sister, Gloria, had just told her she had been sexually abused by their brother Ken for 2 years beginning when she was 7 and he was 14. Ken's friends had also abused her in a routine that had involved their younger brother, Mark, guarding the door, while Ken's friends took turns abusing Gloria. Gloria had never told anyone of the abuse. But when the father, a successful lawyer in the community, had died a few

months earlier, several of the friends had shown up at the funeral, one of them making a reference to Gloria about her still having appeal. She had been so shaken that she left the funeral and did not participate in the week of shiva with the family, offering no excuse. Later she told her mother, saying that she realized it was finally time to confront her brother Ken. The mother said it had happened so long ago that she should “let it go,” and besides, her brother “couldn’t handle” a confrontation. Gloria was furious, but did not tell her sisters. It was only when the Jewish holidays came around and Gloria made an excuse not to go to their mother’s that Cassy finally confronted her sister and asked what had happened. Gloria told her the truth, but asked her not to discuss it with their mother. Cassy’s first impulse was to confront Ken herself, but she feared the family would break apart and thought the mother was too old to handle such news. On the other hand, she felt that something had to be done, and thus sought help.

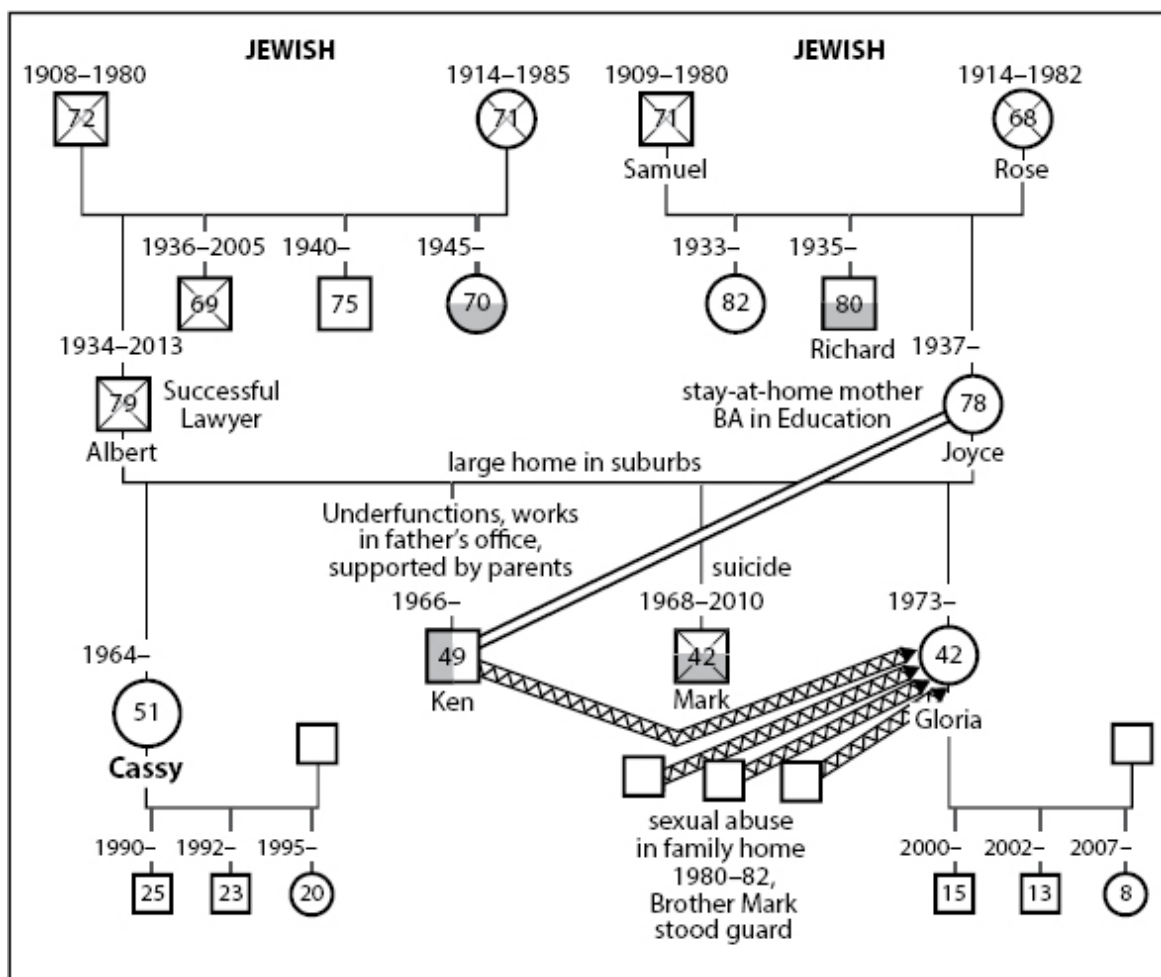


Figure 5.2: Brown Family

The first task was to slow her down so she could really think through where she stood regarding the shocking news about her sister's trauma and the family reverberations and what she would need to learn to better understand how this could have happened for so long without her realizing it. The therapist helped her create a genogram and begin to formulate questions about her family's overall history.

As she processed the new knowledge about her family, she began to realize that a major issue for her was her own guilt for not having known and prevented something so heinous from happening in their family. She wondered what she had been doing during those years. She began to reflect on each other family member, beginning with Gloria, and including Ken, Mark, and their parents. How could that have been going on in their home for so long without anyone knowing? Where were their parents? What must it have done to Mark to have been "standing guard" while his sister was being abused? What impact must that have had on his later life and pattern of drinking and drug abuse, which had gone on for years before his final suicide, which no one in the family ever really discussed? And what role did her beloved father play in being an invisible presence in the family?

She began reading about abuse and realizing that terrible things must have gone on for Ken to have become caught up in perpetrating such abuse on his young sister. Had he himself been abused? If so, by whom? How could it be that he was still friends with others who could even now express the attitudes that such behavior was permissible?

Then Cassy thought about the recent spate of stories about young women in colleges being sexually assaulted by football players and the school covering up the abuse. She kept a journal to help herself think through her own understanding of what could possibly have happened in her family and of what she wanted to do to change things now. She worried about the vulnerability of her own daughter, who had had two older brothers, and about their vulnerability to being drawn into societally sanctioned abuse of women. And she suddenly feared for her niece and nephews, who were, coincidentally, exactly at the age her brothers and sister had been when Ken had been abusing Gloria. She created a genogram for her family for the year 1980 to show how old each person had been, to help her imagine what could possibly have been happening that made such a terrible circumstance possible. Looking up a generation at her parents' families, she realized she knew very little beyond the superficial facts of their lives. Both grandfathers

had died suddenly within 2 weeks of each other in 1980, perhaps leaving each of her parents with the feeling they had to care for their mothers, who had been the ones in more fragile health. Her maternal grandmother had always seemed fragile, and Cassy always suspected that she had early become addicted to painkillers for her headaches.

Could Cassy's mother possibly have been abused herself by her older brother? He was a quiet, underfunctioning alcoholic, who had rarely participated in family events, always making an excuse at the last minute. He had had four short-lived marriages. His wives had had responsibility for his support, after which he seemed to live a marginal existence. No one asked too many questions.

Many traumas remain hidden in families for long periods of time. Cassy became convinced that some terrible things must have happened in earlier times in her family for them to be so willing to cover up the terrible things in her generation, and for her mother to want to run away from this horror that had befallen her daughter. At the therapist's suggestion, she began to talk to her mother about the genogram patterns, not focusing on Gloria, but on her grandparents.

Her mother told her spontaneously that her brother had indeed been inappropriate to her in their childhood. It turned out the grandmother had become depressed at a point when her husband had an affair, which she discovered, and the grandmother became almost completely dysfunctional for about a year when the mother was 7. The brother's behavior was often out of control in general during that time because neither parent was available to the children. Cassy began a process of talking to her mother about the power of secrecy and silence, and gradually the current patterns of relationships began to change.

The aim of therapy is to help clients work out their issues. In this sense the "coach" or therapist is always a witness on the sidelines, providing consultation, but inspiring clients to undertake their own work. There is no point in getting ahead of the client. It has to be *their* search for understanding. Otherwise the therapist is likely to get fused into the system, becoming overimportant and losing his or her therapeutic position with the client. The therapist's job is to facilitate the client's exploring options and to encourage the client to expand his/her relationship flexibility. But the client can only do that when s/he is emotionally ready to deal with those relationships. So preparation and rehearsal for what may be ahead are crucial

steps with clients. You want them to be prepared for their own reactions and those of their other family members before they begin to have “open” conversations. What you want to help them prevent is a premature emotional unloading on a parent, which usually leads to family reactivity that will most likely escalate to an emotional a shutdown.

It is important for clients not to open the door to a conversation with a parent until they are committed to staying present all the way through the parent’s responses. For example, if a client is intent on challenging a parent about past physical or sexual abuse, s/he must be prepared for how to keep the conversation going, even if the parent begins by denying that it happened. What will they do for an encore? Perhaps they will need to be prepared to say something like, “It seems you are not ready for this discussion, but I hope that one day you will be able to talk with me about this, because you are my father and our relationship is very important to me. It would mean a great deal if we could deal with this. I will leave it for now.”

Coaching clients to have direct conversations with parents is one of the most meaningful activities one can have in therapy. But it requires preparation. Clients must realize that the concept cannot be to tell the parent off. The typical rule of respect, generosity, and a 4:1 ratio of positives to negatives still applies. This is so even if the positives must be that the client knows that somewhere deep down the parent wanted to do the right thing, struggled with previous difficulties, or whatever. And the client must be completely prepared for a denial or even for the parent to turn the tables against them: “You are trying to ruin my life.” Or, as the father of one of my clients put it about his 19-year-old son’s seeking to discuss his dead mother: “Your mother will forgive you for what you are saying about her.” This was said to a sensitive young man whose mother had died of cancer several years before and who now wanted to understand her cruelty and coldness in her last years. Luckily, the son was able to stay connected with his father and to reinforce that he had no intention of hurting his father or his mother by what he was saying, but just to understand.

LETTERS, EMAILS, TEXTS, PHONE CALLS, AND IN-PERSON COMMUNICATION

One issue that comes up once a client has decided to deal with a particular relationship or set of relationships is how to communicate with other family

members. There are advantages and disadvantages to letters, emails, texts, phone calls, and in-person conversations. Depending on issues like the level of toxicity in the relationship and the previous methods of communication, a person might decide to write a letter to broach an issue which has been hidden, or to speak on the phone rather than in person to have somewhat more control over the interaction. Where there is a serious issue such as incest or abuse to be dealt with, we generally recommend that the person draft a letter and discuss it with the therapist before sending it to the person. Even the best of us are often unaware of the resentment, defensiveness, and hostility that can seep into a letter.

If the client is having a lot of difficulty sorting through the issues in the relationship, we often recommend writing a “tell-all” letter first—a letter never to be delivered, which lays out all the issues as thoroughly as possible to get clarity on what experiences s/he has been troubled by. The client writes freely about every aspect of the relationship with the other person, no holds barred. In this kind of letter the person can begin to clarify the meaning of various experiences and feelings s/he has been struggling with. How to position oneself to actually deal with the other person strategically is a different issue entirely.

Evan Imber Black (2003) developed creative ways of ritualizing the letting go of issues that might be in a tell-all letter, such as freezing it or burning it in a ritual that acknowledges the power of the feelings involved. But to change one’s relationships it is important to get oneself free to respond by keeping in mind the broadest implications of the problem for the system as a whole, reaching down to one’s great grandchildren and back to one’s ancestors.

That usually comes only after the client has thoroughly explored his/her issues with the other person. S/he then discusses and drafts a “strategic” letter, one that s/he could potentially send. The bottom-line issues in the strategic letter are to make sure it is coming from a place of personal clarity, without attacking, defending, placating, or threatening shutdown.

In a situation where there has been abuse in the past, the person may want to begin with the most “safety” in the interaction, such as in a letter, rather than having a personal interaction, where feelings might get riled up. The following illustration is drawn from Carter (unpublished notes) to describe this process by the example of an adult son approaching his father, who had abused him in childhood. The suggestion is to offer a preamble,

such as “I have been thinking about you a lot recently, as I am about to become a parent myself,” or “triggered by a movie I saw about fathers,” or “I read something the other day about connecting with those you care about, and was thinking . . . ,” and so forth. One might even reach backward or forward in the generations: “I was thinking about your grandfather and imagining what he might say to us now”

Dear Dad,

(Preamble): I have been thinking about fathers and sons, recently . . . and I started remembering times with you when I was a child.

I realize that I used to think you did not love me, because you yelled at me and criticized me so much of the time. I think now you were probably responding more to the stresses in your own life, which I did not understand then, and probably still don’t understand.

I don’t know if you realize how much I took your criticism to heart and still do. As the years went on I think I tried avoiding you to protect myself from your anger. But I don’t want to do that. I’m hopeful now that we can move beyond this, and get to know each other as father and son. I want to talk with you about our different opinions and find ways to get to know you and let you get to know me better. I hope we can do that.

Love, Jim

It is never good to indicate in a letter that it comes at the suggestion of the therapist or from thoughts while in therapy. If the parent writes back only that s/he would also like the relationship, but does not address the problems, the client could answer: “That’s great Dad, I’d love to spend some time with you. Some day in the future I hope we can talk about the other stuff that wasn’t so good as well, but let’s start on the positives!”

Keeping the disappointment about the other person’s limited response contained is important, so that a relationship can be built, starting where the other person is able to engage. The goal is for the client to change, not the parent.

At times clients find it easier to bring a sibling or a parent in for a session to sort through the issues. The client will have to decide which pathway to take to unravel his/her issues. Letters are the most distant, least immediate way to deal with a family member, but they are also the best way to be sure one has one’s feelings in check before sending the missive.

The more toxic the situation, the better it is to use a letter, because letters allow thought before response. They allow one to slow down reactivity. It also helps to write about complaints as if they were in the past, such as commenting: “I used to think when you hit me that you did not love me, but as I have gotten older, I’ve begun to see it as a loss of control or stress in your life.”

Of course the letter should avoid being accusatory, but the point is not to placate, either. The letter should clearly state the facts of what happened. Letters should be focused and address only one issue at a time. If more than one issue is presented, the parent may choose the least difficult issue to respond to, ignoring the others. The client must always be prepared to follow up on the issue after mailing the letter and at the same time must be prepared to drop the issue, if the parent does not respond to it. It takes continued work on the client’s part to stay focused on what s/he is trying to do rather than on the response of the other person.

If the person suspects the other’s denial will be the predominant response, s/he might say, “If you don’t feel ready to talk about this, you can just pretend you did not receive this letter, and I will realize that you are not yet ready to address this part of our history. I will say nothing about it, but I will hope the day will come in the future when you and I can talk openly.”

Nowadays we all do a lot more emailing and texting than letter writing. But beware. As Harriet Lerner (2013) offers in her final 106th Marriage Rule: “Do Not Press Send!” This is a warning about how easy it is for us at times when we are feeling reactive to send an angry note to a family member. But differentiation and mature relating require something very different than letting loose with our impulsive reactivity to a thoughtless or mean act on someone else’s part. It is a great deal harder to repair the damage expressed in an angry moment than to be more considered about what we want to convey in the first place. So therapy involves coaching clients to think hard about their bottom line, take responsibility for their own part in every interaction, and keep lightness and humor a part of their way of relating. It is essential to keep in mind that, as my friend Rocky Robbins (2015) puts it: “Make sure that you make your challenges in such a way that you can continue that conversation with that person tomorrow.”

BRINGING FAMILY MEMBERS INTO THERAPY

At times letter writing or phone calls will not work for a client, and it makes sense to invite the family member in for a session. This should not happen until the client is able to take responsibility for relating to the person in a respectfully curious and interested manner. It is also a judgment call depending on the level of anxiety or toxicity a particular family member may have about attending a therapy session. Many people would be highly intimidated by coming to a therapy session. It depends on their culture, social location, gender, and sexual orientation and the family's particular history. The therapist should also always be cautious about bringing in family members who are already relating to the client in a disrespectful way. A session could decrease clients' sense of agency even more if the family uses the context to further disrespect them, conveying, for example, that it is weakness to need therapy. In such instances it may make more sense to coach clients individually to deal with his family relationships and to avoid a situation where family members might jointly humiliate them in a conjoint session. In such cases it would probably make sense for clients to keep their therapeutic work private from other family members as well.

Indeed, this may generally be the case in order to avoid family members' triangling in relation to the therapist, unless the client has interest in inviting family members to participate in sessions in order to have an outside consultant to facilitate the conversation.

Clients will sometimes ask what kinds of questions they should pose to a parent. There are various questions that one could propose. In my book *The Genogram Journey*, I have offered general questions at the end of each chapter for people to consider. But the reality is that each family is unique and the main issue is to convey one's genuine interest in the family's experience through whatever questions are posed.

As an example, I worked with a couple, Andy and Margo Kenealy, who came seeking therapy for a chronically unhappy marriage after seeing six or seven other therapists already. They told me I was the end of the line. I warned them early on about my likely interest in meeting their family members. Andy outright refused to bring anyone in, but Margo, who was very stuck with her mother, readily agreed to bring in her sister, which she did fairly early in the therapy. It was a very enlightening session for her.

The two sisters had been pitted against each other growing up by their depressed mother after the father's tragic death in a fire when they were in their early teens. Margo was the "smart, good" daughter, and her older sister

was the “dumb, problematic, bad” one. It was remarkable to see how well the sisters related to each other as adults, given that they had been pitted against each other throughout childhood. I saw their relationship as evidence of their creativity trumping the attempts to draw them into dysfunctional triangles as children.

While we were working on the wife’s relationships, the husband remained quite shut down, as he had been since the start of therapy. He saw his mother as the primary cause of his problems, describing her as a larger than life character whose disapproval could close down a room and who had been judgmental and difficult all his life. He refused outright to bring her to a therapy session. Eventually, unable to get any leverage with him, I switched to the question “Who would you rather have come in first, your mother or one of your siblings?” To this he replied he would rather invite his older brother, George.

I almost always find it helpful to bring in siblings to rummage about in their family history, unless, as indicated above, the siblings are already disrespectful to the client and view therapy as a negative. Other than that, I find sibling sessions give clients a chance to rethink their own experiences growing up, since, as the saying goes, no two siblings ever grow up in the same family.

George was indeed very helpful, acknowledging that he himself had struggled with depression in his early adulthood and had resolved never go far from home again, a resolve he had kept. He agreed with Andy that the mother was too old and fragile to bring for a session, but took a very different view of her behavior over the years. In fact he joked that he hardly remembered most of the incidents Andy clung to about her in their childhood. The one instance he did recall pertained to a situation where Andy got blamed for some roughhousing in the car and the mother made him get out and drove away, leaving Andy on the corner. For George that had been a very traumatic experience: “The worst thing I ever did!” he exclaimed. When I questioned his blaming himself, he said he just misspoke, but I wondered if he didn’t think he had somehow triggered Andy’s misbehavior and then felt guilty that only Andy got blamed. The sibling conversation with the two brothers opened many issues and enabled me to begin to show Andy some of the ways his behavior with his wife replicated behaviors from his family of origin. It took many more months to convince him to invite his mother in for a session. In the end, he said he might bring

her, but wanted to know exactly what questions she would be asked. When I couldn't reassure him exactly what we would discuss, he left me hanging, saying maybe he might bring her and he might not.

To my surprise he did bring her the next week, and even more surprising, he took complete responsibility for the discussion with her. I have experienced this many times with clients, that once he get clear with themselves what their issues are, they know what he need to deal with in the session. Andy began by telling his mother that he had been seeing me because he wanted to be a better husband, a better father, and a better boss at his work, but that some things about his history had been eating away at him and he needed to clear them away by talking with her about them. During the session he gently and gracefully reminded her of the various incidents that he had been going over in his mind, saying, jokingly, "So I wish you hadn't done that!" She was remarkably tender and a good listener in her responses and in the end he said to her, "I know one conversation cannot change a whole relationship, but I think our relationship will never be the same again after today."

In fact, in the months after that meeting he became much more open to his mother, deciding of his own accord to help her in dealing with his disabled brother, a subject he had never raised in therapy at all. He said soon after the conjoint session that he had come to realize how loving his mother was to his brother, that he never even noticed that other family members never helped her with that task, and that he had decided to support his mother more in relating to the brother. (For further discussion of this case, see [chapter 10](#)).

REVERSALS

If there are very fixed triangles in a family, it will help to think carefully about how to shift the energy to open things up. At the level of the up-close-and-personal relationship, a person interested in changing his or her position in the system can begin by using what Bowen used to refer to as a "reversal," a move in which you change your typical response to a situation so that at least there is the possibility of energy going in a different direction. If you always shut down or defend your position, you can tell the other person that what s/he is saying is meaningful and you want to understand it

more fully. If you always disagree with your father politically, you could begin by saying you think there's something important in what he is saying.

Typically when a person does a reversal, the other person is nonplussed by it. If you are in a repetitive pattern in your family and suddenly shift your position, they are likely taken off balance.

Typically others will become suspicious that you don't really mean it. But they may at the same time be taken off guard and respond with something you didn't expect. In any case, as long as you are serious about changing your position, the others' reactivity is likely to decrease over time. They may be suspicious at first and even test you to check out what is happening. But if you continue to relate differently, they will probably eventually calm down and respond to your move.

DISTANCERS

While the rule is never to pursue a distancer, there are distancers who can be gently nudged, if you do not try to pressure them for information or secrets. It may be especially helpful to suggest that clients offer family members information or pictures rather than demanding information when they begin exploring better understanding of their family. The main point in clients' redefining their role in their families is to help them think about how else they might be able to connect if they stopped the pursuit. Could they just connect with no demands? Could they offer the other person something rather than making a demand? Could they make a concerted effort to really listen without judgment?

If there is a complete cutoff, clients may need to consider what we call "wagon training," which refers to working on their relationships with the other people that the distancing person is in relationship with. This would mean that if the client has a cutoff with her father because he disapproves of her sexual orientation, she might want to consider the positions of her mother, her siblings, her father's siblings, and his parents if they are still alive, as well as his close friends and religious community.

This isn't to say that we should encourage clients to go and expressly try to develop alliances with the people a distant father is close to as a way around his distancing. The first aim of developing such connections is to try to understand the father better. Are there ways that others close to him can help the client understand him better? Understanding him better may aid the

client in figuring out a way past the cutoff by addressing issues that matter most to him.

This is one of the situations where the rule that “silence doesn’t fool an emotional system” can come into play. Often when one person cuts another off, other family members try to stay silent, hoping that will protect them from “involvement” in the cutoff. But if they are members of the family, they are involved, just by the fact of family structure. Their silence on family controversies, as we say, does not fool the system. It is a statement. Children or spouses who witness physical or sexual abuse or neglect in their families and keep silent are always making a statement to the others in their family. And if they never address what has happened, they are perpetuating the silence. A sibling who witnessed a brother being beaten by the father is never free if he keeps silent to the father, the brother, the mother and other family members about what he has experienced. Even 30 years later his silence is a statement of nonsupport of his brother.

Thus, any effort we can make to help clients make to activate family members around those who have cut them or someone else off are relevant to systemic change. If a brother, after 20 years of silence about his sister’s sexual abuse by the father, finally speaks up to the sister, the mother, the father, or other family members, he creates the possibility of change. We must affirm the courage and power of such acknowledgments.

This is the most exciting aspect of a family member deciding to open up a closed system. The brilliant Irish therapy team the Fifth Province (McCarthy & Byrne, 1988; McCarthy, 1995) years ago drew to our attention the important fact that the child who first dares to tell that she has been sexually abused in her family is creating a moment of possibility and opening by daring to speak the truth.

Generally, families initially experience this speaking up as a disaster, “ruining the family.” But daring to speak the truth in a system is the beginning of hope. It creates the chance that the system can change. This is what people need to remember when they are seeking the courage to change their part in their system. Truth, respectfully told, is the beginning of a new day for a system.

A key property of any system is whether it is closed or open, that is, unable to access feedback and therefore to change, or open and therefore flexible and able to learn and change (Senge, 2006). If one person in a

family dares to speak up while keeping respectfully connected to others, it may be amazing how much change can occur in a system.

The process begins, however, with an overall genogram analysis of patterns so that one develops a context for hypothesizing about the distancer or family member who is cut off. These issues can never be dealt with by a single action. They require a clear change of heart and perspective. The person must be committed to taking a different role in the system. That is when the guidelines for relationships offered in [chapter 3](#) can become “rules of thumb” for clients working toward genuine change in their relationships.

REPAIRING CUTOFFS

When helping clients deal with family cutoffs, it is essential to get the full story of exactly what happened leading up to the cutoff, even if it happened years before. Typically when a cutoff occurs, as Betty Carter used to say, everything in a family is flash frozen in place at the time of the cutoff. Before making any moves, the client needs to get as complete an understanding as possible of what happened and of the family alliances around the cutoff. Most often the story will be about how rotten the other person is and how patient and long suffering the “victim” of the cutoff is. It makes sense to ask clients to tell the story over and over again, each time looking at alternate ways to understand the other person’s reactions.

For example, a client might offer something like this as an explanation of a cutoff: “When I told my father I was going to marry an African American he told me to get out of the house.”

In response the therapist might engage the client around the following questions:

- ▲ “He must have been very fearful about race. What do you know about his experiences of race and racism when he was growing up?”
- ▲ “His own father had died when he was only 16, didn’t he? He probably didn’t know much about being a father to a grown woman. What do you think?”
- ▲ “Did he ever let you know any of his fears of losing you? Every parent has those. I wonder what his fears were?”

- ▲ “It must have been extremely painful for him to explain in his community that he had stopped seeing you. How do you think he justified that to himself?”
- ▲ “He must have had some moments of doubt or regret. Do you know anything about those moments?”

The basic principle is to start tilting the system toward a different interpretation of the meaning of the issue that led to the cut off. The fundamental idea is to undermine the client’s limited and rigid interpretation of events by offering a more contextual, systemic view of what might have been happening. Sooner or later, if all else fails, you must leave it up to the client to decide why a relationship with a father matters.

Medical Student’s Father Raided His College Fund

A medical student (see Figure 5.3) once came for a consult after hearing a family systems lecture laying out the history that he was the oldest of three children whose mother had died of cancer when he was 16. He had always dreamed of going to medical school and worked hard through college, saving his money. He graduated from college magna cum laude and with enough money saved for his first year of medical school. But when he went to get his money to pay tuition, he discovered that his father, who had just remarried that spring, had forged his signature and taken out all the money for an extensive honeymoon to Europe and there was almost nothing left in his account. He somehow talked his way into medical school anyway, and now he was close to graduation, planning to become a surgeon. He had not spoken to his father in almost 4 years. The story was distressing, but he had clearly sought my help because he knew that he had to do something to change his situation. He told me he was feeling terrible for his younger siblings, who were both still living at home and whom he had to sneak to be in touch with. I went over with him all the obvious systemic interpretations of the situation I could think of.

“Your father must have felt you were more powerful than he was, or he would never have been able to do something so heinous. And he was right. You are finishing medical school anyway, and without missing a step, while he must be feeling miserable somewhere deep down. Who could steal his son’s money, especially a son who lost his mother, and still feel good about himself? My guess is he’ll always have a hard time feeling good about himself after doing something so self-centered.”

“I wonder what he ever said to his new wife about what he did. How in the world would he have explained it? And what must he have thought about what he did when he thought back to your mother?”

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his first visit home that his siblings were so relaxed and happy to see him. Any contacts he had had with them had been fraught with tension and their clear sense of intimidation and disloyalty for their closeness to him. Now they could relax and know there was no threat to being connected to their big brother.

If the person sees the issue in the cutoff as a matter of winning and losing, that is, holding on or giving in, nothing will happen. If, on the other hand, as with the medical student above, he can bring himself to say, “Imagine how the son of a bitch will feel if I am warm and friendly to him. Won’t he be squirming! Imagine how uncomfortable he’ll be, even though I’m sure he’ll never admit it,” and then find his way beyond that to get the anger out of his response and do it because that’s who he wants to be, that is the ultimate clarity for a person: to define himself for himself and not let his behavior be defined by anyone else. But no amount of coaching will help if the person is not able to get centered and be clear about the wish to do it for herself, regardless of the other person’s response

If the person involved in a cutoff has an addiction or a mental illness, there may be little chance of changing the pattern. But you can still make your best effort. You don’t sit in your house taking abuse from your mentally ill daughter, and you don’t spend your Saturday afternoons in the bar with your alcoholic father, but you might communicate with your mentally ill child through notes or visits that last as long as the behavior is not abusive, and you might visit your father in the early morning, before he starts drinking.

Cutoffs tend to beget more cutoffs. For example, if a parent cuts off a son, the estrangement tends to expand outward in the system, eventually involving generations not even born at the time of the original alienation. The son’s children may never get to know the grandfather, and the sisters of the brother who is cut off are likely to become alienated from him and his children as well. It can take a concerted effort to repair cutoffs, the damage otherwise seeping down the family and into the lives of descendants for generations to come. An important aspect of beginning to think systemically is to notice how many people’s behavior gets caught up in a cutoff.

Gay Daughter Cut Off by Father

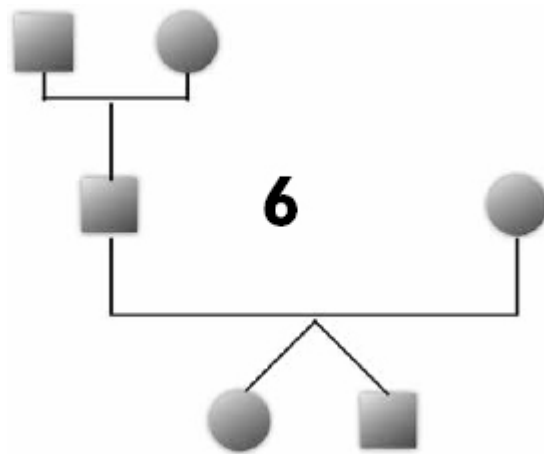
In the Fennelly family the father cut off his oldest daughter, Maddie, when she told him she was gay. He said that from then on he would consider her dead. He cut her out of his will and would not allow her to participate in family holidays or vacations. The wife went along with her husband, saying it was a religious issue and a sin. The younger brother did not want to make waves and ceased to respond to his sister's phone calls. The youngest sister, Carla, had always been close to her older sister and kept up her connection, but felt extremely torn and guilty for not taking a position with her parents about their excluding her sister from their lives.

It took two years before Carla dared talk to her mother about the betrayal she felt that her mother had chosen to cut Maddie off and force everyone else to make a choice not to spend holidays with her. Gradually Carla worked on her relationship with her mother to the point of inviting her to share a birthday party she was having for her sister with their spouses. She worked to help other family members appreciate what their silence in relation to the father's cutoff and mother's silence meant to them. The mother turned down Carla's first invitation to celebrate Maddie's birthday, but the next year she came, making an excuse to her husband about why she was leaving town. It took more years until the mother finally decided to take a position that she would no longer allow her husband to define who could come into their house and she would be inviting Maddie to visit. She made it a point to show her husband how much she loved him while taking this position. Repairing cutoffs entails a sophisticated combination of support and challenge that allows the other person to realize s/he is loved, at the same time asserting a way of relating that s/he has become committed to.

CLINICAL QUESTIONS TO ASK ABOUT FUSION AND CUTOFF

- ▲ Are there any people in the family who seem to need to check with each other before they can answer a question? Do any members seem more preoccupied with someone else's needs than with their own? (Of course such checking is appropriate if we are talking of a parent and young child or a family member who is caring for a disabled or seriously ill family member.)
- ▲ Are there family members who do not live together, but speak five times a day on the phone?
- ▲ Are there family members who never speak?

- ▲ Have there been family cutoffs in the family in the past?
- ▲ What happened to other relationships when there were cutoffs? Did other family members talk about the cut-off person or never mention him or her?
- ▲ Were sides drawn up for family events by a cutoff, such as, “I won’t go if you invite him or her?”
- ▲ What would happen in other family relationships if the client were to repair the cutoff? Who would be most upset? How would various family members deal with such a repair?
- ▲ What might be the implication for the grandchildren if the cutoff is not repaired?
- ▲ What would have to happen to repair the cutoff? What potential does the person have to change the relationship with the cut-off person?
- ▲ What effect do family members think previous cutoffs had on family members’ life and relationships?
- ▲ How have cutoffs influenced family members’ knowledge of their family’s history?
- ▲ How does maintaining a cutoff fit with each member’s personal values?
- ▲ What would it take for the client to deal with the inner voices that say, “Why should I be the one to have to make the move?”



Triangles and Detriangling

The friend of my friend is my friend.
The enemy of my friend is my enemy.
The friend of my enemy is my enemy.
The enemy of my enemy is my friend.
—ANCIENT SAYING

DYADS, TRIADS, AND TRIANGLES

The smallest human system is a two-person system. But when two people develop tension, a common way to relieve it is to “triangle” in a third person, who becomes the focus of attention and can relieve the pressure between the first two. Triangles are common but dysfunctional patterns that develop when two people draw in a third, organizing their relationship in relation to the third party, usually because the relationship between the first two has become strained. A triangle is not just three people in relationship with each other—that is a triad. It only becomes a triangle when two people begin to organize their relationship in relation to the third. The third leg of the triangle could be an object as well as a person; it could be alcohol, TV, a computer, the Internet, or an affair, as well as a sick or bad person. (To

stream clips from a video on issues of triangles and detriangling, visit www.psychotherapy.net/McGoldrick. For the full video check our website www.multiculturalfamily.org).

Closeness generally occurs in dyads because it requires that each person make him or herself visible to the other in an authentic way. If only one person in the dyad is communicating openly, closeness is not possible. It is harder to develop true closeness in a triad, although, of course, it can occur. But when emotional tensions arise, they can probably most effectively be resolved by each dyad directly, because the nuances of each dyad are so complex to sort out. Thus couples may develop great closeness with a friend, but when bottom-line issues about their own relationship come up, they will most likely need to sort them out with each other rather than with the friend, where they would have to deal with the friend's anxiety as well as with their own. In addition their problems with each other would be different from the relationship each of them would have with the third person. In general, triangling organizes the relationships in a two-against-one or two-organized-around-a-third situation. Triangling binds anxiety, deflecting it from causing tensions between the original two people, whose relationship is now organized around the third and contains the anxiety that would otherwise develop between the two of them.

The best way to tell if someone is in a triangle is to watch the pattern of conflicts and alliances in the family. If two people always seem allied or are always in conflict, you can guess they are probably in a triangle involving others, and their repetitive way of relating is part of a larger pattern. In very fixed triangles, no matter what the subject under discussion, the two will virtually always be in the same pattern of agreement or disagreement. A major problem with triangles is that over time they tend to expand outward, incorporating more and more people. Because everyone is connected, a triangle never remains just between the original people involved. It begins to draw in others into interlocking triangles as others connected to the first dyad take sides and play into the fixed distance and closeness of disturbed relationships. It takes an awareness of time to appreciate the damage caused by cutoffs and triangles. Many others get hurt beyond the original relationships.

The first step to detriangling is deciding you want each of your relationships to function on its own merits.

This means being aware of the way triangles can lower anxiety by making you feel better in the short run that you have a good friend and a clear enemy, in relation to whom you can feel superior.

The first patterns to explore on any genogram are the triangling patterns that have formed, since they are so likely to be central to the problems for which people have come to you. Thus we need to explore how to recognize triangles and how they operate so you can attend to them in clinical practice.

Systems organized into triangles become dysfunctional. One of our basic clinical tasks as therapists involves helping family members remove themselves from triangles and open up their relationships with each other. This is always done in the context of exploring the whole genogram, but the principles of triangles and of detriangling are so common in creating, escalating, and solving family problems that we will explore them in detail in this chapter.

In any triangle the relationship of each dyad is a function of the other relationships, rather than standing on its own merits, which would be the ultimate differentiated situation for the three people. In other words, three people who have relationships of one sort or another with each other are just a triad. They only become a triangle when the relationships become intertwined in such a way that each relationship is dependent on the other two members, rather than standing on its own. Bowen used to say that the smallest human system is the dyad, but that it is also the most fragile of systems, and when either party in a dyad gets anxious it tends to reform into a triangle to lower the anxiety.

The point is that when the anxiety of a dyad is displaced into a triangle, the dyad becomes organized in relation to the third and does not resolve whatever issues have been triggered between the first two people. We are all familiar with how this works in international politics, where having a common enemy can make countries feel bonded with each other. But once the enemy loses its power, the countries may start fighting with each other again, because their issues with each other have never been resolved in the first place.

From a systems perspective everyone has to be somewhere. So there are no “innocent” roles in a triangle, as we have been discussing is also true for the system as a whole. Failure to take a position is also taking a position, and anyone choosing to side with one person is taking a position in relation

to the other as well. So detriangling, with the long-range objective of developing person-to-person relationships with each other person in your system, can be difficult.

The fascinating thing in a system is the way triangles tend to expand out in a system, interlocking with each other in patterns that often get replicated down the generations in a family or down the hierarchy in a system. In a work system, for example, the boss may have a fight with his wife on his way to work and arrive upset. If he has two assistants he may feel the need to pull one close, to relieve some of his anxiety, and to scapegoat the other to let off steam. He thus binds his anxiety by creating a “good” ally and a “good” enemy. The assistant who is scapegoated may then not feel powerful enough to deal directly with the situation, so he may replicate the same issues with his two secretaries, chumming up to one and berating the other for inadequacy. That person may repeat the pattern, until finally the janitor or security guard gets blamed and takes his dissatisfaction home to kick the dog or blame one of his children in his frustration. Similar patterns occur in families and often repeat themselves in rather fixed, rigid triangles over generations, where mother and children may side against father, or father and sons ally against the women in the family. The patterns of the larger cultural group as well as the structure of the immediate family and timing of stresses all factor into the development and maintenance of triangles.

Barbara Bates (Figure 6.1), a middle sister, reported feeling trapped by the conflict between her older and younger sisters, which had led the oldest, Roberta, to declare that Clara, the youngest, was no longer her sister. The mother was utterly distraught by this and kept calling Barbara to report conversations with Clara or Roberta to badmouth one or the other and to worry about what she must have done wrong to create such a cutoff between her daughters. Clara and Roberta also called Barbara to report their frustrations with each other. Barbara felt caught in the middle and was not sleeping. She loved both sisters and imagined the implications of a total family breakdown: they would never be together for future holidays, family vacations, graduations or weddings of their children, or even dealing with the future caretaking of their parents. Each sister recounted endless details of who said what to whom and who was more self-centered or inappropriate in her behavior. At moments Barbara felt like resigning from her place as the central switchboard from the family but did not know how to do it, other

than by following Roberta's withdrawal from the family herself. She was exhausted with trying to explain each sister to the other and helping her mother feel less guilty for whatever she had done in raising the sisters. Roberta had concluded that Clara was always underresponsible, never living up to her promises and always a disappointment in any family obligation. Clara felt Roberta had always been self-centered and uncollaborative and that she was always judgmental, controlling, and disapproving of Clara's life.

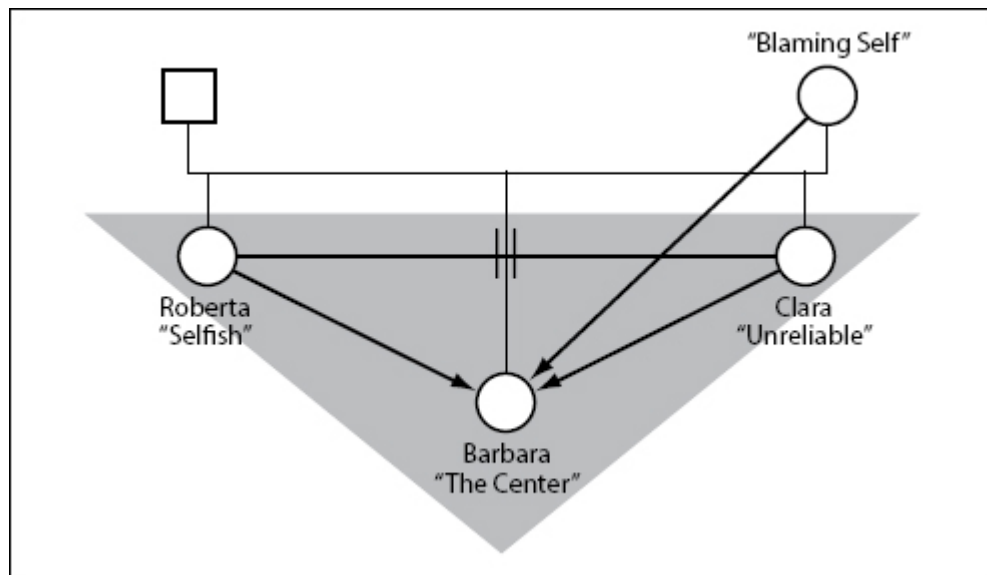


Figure 6.1: Bates Family Triangle

At times Barbara felt like threatening to cut Roberta off herself: “If Clara isn’t your sister, then I’m not either.” But something kept telling her that that would only replicate the problem of the original cutoff of Clara. Other times she thought of how to “fix” Clara to be acceptable to Roberta, but she realized she had always been trying to “shape” Clara up for the family, to conceal her irresponsibility from her parents as well as from Roberta. It was her sleeplessness and anxiety about this situation that led her to seek coaching. In therapy she began by drawing a genogram, which expanded the context beyond the three sisters and the two parents. The truth is she had ignored her father because he was almost never in on the calls or discussion and seemed to play “no role” in the drama. The therapist began by drawing out a four-generation genogram, exploring sibling patterns in the parents’ families of origin and in the cousin relationships among the three sisters’ children.

The patterns to focus on pertain to the behavior of each sister and the behavior of each parent in relation to the sisters and to their own siblings. It is rare for such toxic cutoffs to develop in one generation and relationship without there having been complementary patterns earlier in the family's history, if you look carefully. And understanding those patterns is one of the best ways to get insight into the meaning of the immediate situation.

We ask questions and hypothesize about what could be happening beyond the core drama Barbara presented about being the switchboard for her mother and sisters. What are we to make of the father's invisibility in the discussion? If we think systemically, everyone has to be somewhere. So if the daughters are fighting or cutting off and he is silent, he is giving a message of nonsupport to their repairing their relationships. But he is also giving a message of noncaring to all three daughters and to his wife. Why would he do that? Perhaps the father is depressed. Perhaps he experienced being cut off by one of his own siblings and saw his parents either react passionately or not react at all. Both responses tend to be the equivalent emotionally.

As Bowen often urged, Barbara might want to make strategic moves to activate interlocking triangles in the family: between each parent and each child, or with each parent and his or her siblings or parents. The purpose of doing this is to expand the context in which the immediate cutoff and triangle can be understood and dealt with.

Barbara might, for example, go to her father and express distress regarding his wife's guilt about Roberta's refusing to acknowledge Clara as her sister. We could imagine any number of responses for Barbara to each of her immediate family members. The following suggestions might activate the interlocking triangles:

To the Father:

- ▲ "Dad, I'm so puzzled about Mom's guilt that Roberta is cutting off her relationship with Clara. I'm worried about her. Why do you think she feels so guilty? I'm feeling so upset about it. She keeps trying to talk to me and I don't know how to help her. I think you're the only one who can help her."

- ▲ “Dad, I’m surprised Mom is so upset about what’s happening between Roberta and Clara, given what happened between Mom and her sisters and you and your sisters. What do you think? I guess I thought conflicts were always a part of sibling relationships.”
- ▲ “Dad, I think whenever there’s a cutoff in a family it reflects a hidden secret. What do you think? Do you think there’s some secret in the relationship between Mom and Roberta or Mom and Clara?”

To the Mother:

- ▲ “Mom, I’m so upset about what you’ve told me about Roberta and Clara, I think this may be the end of us as a family, although our family did continue after you and your sister stopped speaking. But I’m worried. What does Grandma think?”
- ▲ “Mom, I’m worried that Dad has been so silent about Roberta deciding to cut Clara off. I’m afraid he has something deep on his mind that troubles him. Do you think he’s buried something about us as his children that is affecting him now? Or do you think it might be triggering something about him and his sister?”

To Roberta:

- ▲ “Roberta, I think Clara must have hurt you much more than I realized for you to take such a radical position as to decide she’s not your sister any more. That’s surprising for a youngest sister to have so much power. But then, I’ve never understood you and Clara.”
- ▲ “Roberta, Do you think your upset with Clara is triggered by my being Mom and Dad’s favorite? Could that be?”

To Clara:

- ▲ “Clara, I still think you’re Roberta’s sister, no matter what anyone says, though I hope there’s not some buried secret here that none of us are aware of. And I hope this isn’t happening just because your kids are doing better in school and sports than Roberta’s are. Or because your husband is more successful. I hate when that happens in a family!”
- ▲ “Clara, do you think this is the end of your relationship with Roberta? Do you think she will turn against me at some point?”

- ▲ “Clara, do you think Roberta’s issues are like Aunt Sally’s issues with Mom? I always thought that was triggered by Grandma preferring Mom. What do you think?”

All such comments would be aimed at shifting the level of conversation to find out what the real underlying process in the family is. My assumption would be that if Roberta is cutting Clara off, something has gone seriously wrong in the family, not just between the two of them but also between Roberta and the other members of the family, since her act is not just a cutoff with Clara but disruptive to all their relationships. Her action indicates that whatever is distressing her is something she didn’t feel enough trust in anyone else—not Barbara, not Clara, not either parent, nor any member of the extended family—for her to go to them with her problem and try to find a way around it. There seems to be a lack of connection on Roberta’s part in not turning to other members of the family for help before deciding to cut her sister off and in not appearing to notice the ramifications of cutting off her sister for all her other relationships. At the same time, there seems to be a lack of responsibility on the part of all family members to deal with Roberta around her issue with Clara.

This illustration can perhaps provide a framework for thinking about triangles in terms of how the whole system operates. It demonstrates why using genograms is so important in clinical work: because otherwise we can get lost in one particular relationship (as we might in the relationship between Roberta and Clara and how Barbara should handle it) and lose sight of the larger context, which is essential for understanding how triangles operate in families.

It is common that when people cut off they are unaware of all the other relationships that will become involved in their action. Typically they believe it is just between themselves and the person with whom they are frustrated. Clinical intervention always begins by helping clients situate the cutoff in the larger context of the genogram to begin to make sense of it.

It is important not to get too caught up in the details of who said what to whom when it comes to family conflicts. Of course there are temperament issues that affect relationships and cultural patterns that will influence how any two people interact, the timing and the emotional expressiveness or volatility at one extreme and restraint or repression at the other.

In any case, in working with such a family you would want to complete an extensive genogram, exploring the context of the current triangles, including especially details about sibling patterns in the parents' generation and how any such patterns were dealt with by the grandparents. Are there any parallels? Have there been cutoffs among siblings in previous generations? If so, was it at a similar point in the life cycle? How did other family members react when there were conflicts among siblings? Were there differences in brother-sister relationships compared to relationships of sisters with each other? Were there any untimely losses or other traumas or disruptions that affected siblings' feelings of being unappreciated or devalued?

Sibling triangles generally revolve around issues of who was more loved and who did more for the parents. If the parents could not do adequate caretaking because of poverty, addiction, physical or mental illness, absence, or for some other reason, an older sibling (more often an oldest daughter) might sacrifice her childhood to care for a younger sibling, who, when she grows up, is likely not to appreciate this sacrifice, feeling instead resentful of the older sibling's "domineering" behavior. The reasons for this lack of appreciation are structural. Children generally want to be cared for by their parents. If this doesn't happen, they will typically long for it. Even if an older sibling moves in to help out, in the end the younger child is likely to view the older one as bossy or controlling, not realizing that this older sibling gave up her childhood to be the caretaker. The older child generally does not understand the younger one's resentment and often feels hurt, rejected, and unappreciated.

In the case of the three Bates sisters, the parents' responses suggest there may have been some earlier parental failure to attend to the daughters' needs. We would want to help the client understand why her mother's response is guilt. Why doesn't she hold the daughters' accountable for their reactions to each other? How could it be that Roberta appears so self-centered to Clara, without the parents having dealt with her behavior? How did Roberta get so isolated that she cut her sister off without seeking consult from the parents about other options? If Clara was indeed irresponsible, how did the parents fail to respond to that? Why wouldn't this behavior have been addressed by the parents as the daughters were growing up? Where was the father earlier, and where is he now? Why doesn't anyone turn to him for wisdom or help in resolving the sibling issues? Why do the

parents not appear to support each other in responding to their daughters? The answers to these questions would probably lie in the families of origin. And this would be the clinical focus of work around conflicts such as these.

In other words, in order to understand any particular triangle, one must explore the whole genogram to see the context in which that particular set of relationships evolved. Otherwise as a therapist you are left trying to make sense of conflicts with a view only of the tip of the iceberg. Exploring only the present would make it unlikely you will be able to understand what you are hearing about. All you typically hear is that recent latest set of behaviors. But all of us live in the wake of the entire evolution of relationships in our families that have to be taken into account to make sense of what is influencing the present moment.

DETRIANGLING

The clinical point in dealing with any triangle is to help each person or whoever is motivated for change, to expand his or her flexibility in the system. The first step is for the person to notice the role s/he has been taking. Then s/he can consider whether different behaviors might open things up in ways that could be freeing to the relationships. The best way to understand the role a person is taking at present is, of course, to explore the person's other relationships, and relationships in previous generations of the family at this life cycle phase. When we find similar patterns elsewhere it gives us insights to help deconstruct the problem or expand the context in which it can be understood and solved.

Detriangling is the process by which a person begins pulling out of triangles. The end point is arriving at a situation in which each relationship depends only on the two people involved. When two people have drawn a third into the conflict on one side or the other, detriangling entails the person who is being drawn in not taking sides but staying connected to each of the other two people. If your mother complains to you about your father and you get caught up in a triangle between them, you may side with your mother. You might even try to intervene on her behalf with your father, arguing her case. Or, you might tell her stories about other annoying things he did to you, to reassure her that you are on her side and that she is right and he is wrong. This may lower her anxiety for the time being. You may

feel good to be in an alliance with her. But, in the long run, she will likely be less able to deal with her issues with him directly and you will probably have increased difficulty dealing with him yourself. At the end of the day such a triangle will not help any of you.

A complication of detriangling, however, is that once relationships have formed into a triangles, there tends to be resistance to change, even when the triangle is very dysfunctional. For example, if you get into a pattern where you are always sharing complaints with your mother about your father so he is the “bad guy” in the relationship and you and she build yourselves up by joining together as “better” than he, any attempt on your part to break out of the triangle by moving toward your father and pulling away from gossiping about him is likely to make your mother uneasy and perhaps that you are betraying her.

It might even make your father uneasy, because your becoming closer to him could make him feel pressure to be more intimate with you in a way that might make him uncomfortable, if he is used to your being distant. He may even get “paranoid” about your attempts to connect with him, fearing that you will then ask him for more closeness than he wants to share or force him to deal with some secret he does not want told. Thus any attempt to help clients detriangle from chronic or fixed triangles requires a good deal of strategic planning to take into account its origins and the reactivity of the system. As the saying goes, “the devil you know is easier than the devil you don’t know.”

Also, if you move toward your father, your mother may feel neglected and escalate her negative stories about him. Or she might move instead to activate another triangle and move toward your sister, telling her a few negative stories about you in hopes of getting you back in line. You might begin to feel that you are betraying your mother, because we all know that women do not get a fair deal in this society, and your father *does* take her for granted and *does* put her down in conversation. Detriangling entails paying attention to all the possible reactions others may have, aimed at getting you to go back into the old relationship patterns. You must be on guard for your own emotional reactivity, which could undermine your courage to reach out to your father and stop participating in negative gossiping with your mother about him.

Now let us consider how to deal with the other side of the triangle. If you have a basically healthy relationship with your mother, you can tell her

frankly that you are uncomfortable when she badmouths your father, because you yourself are struggling to find ways to stay connected with him, and it complicates your efforts to hear her criticize him. While you are pulling back from colluding with your mother in negativity about your father, you will need to make a concerted effort to stay connected to her. You must keep conveying the message that you are not trying to distance from her, just to shift the way you and she connect. If she actually says you are betraying her by relating to him, you will need to work hard at maintaining your relationship with her while conveying that you need to try to be connected with him as well.

In other words, detriangling requires working at staying connected with the “close” person in the triangle, while moving for a better connection with the person in the “distant” position (see Figure 6.2).

Detriangling also requires looking at the other interlocking triangles that are connected to the central one you are struggling with. To continue with the example of a triangle with your parents, if you want to change a triangle with your parents you will surely need to take into account any interlocking triangles with your siblings and any triangles your parents had with their parents and siblings. To understand how you may want to reposition yourself with your mother, you will need to explore her relationship with her mother and father as well as the relationship she had with her own siblings in relation to their parents and the relationships she has with your sisters and brothers. You will also want to examine any triangles that existed in your father’s family between him and his parents or between your father’s parents and any of their other children. As you move to connect differently with your mother, these other triangles would be important reference points. For example, you might comment that you remember her father as a difficult man, but are sure she must have tried to connect with him and ask how she tried to do that. If she tells you he was impossible, you might ask how she managed not to get caught up always siding with her mother, given how difficult he was.

As another example, Mike, a 45-year-old Irish client (see Figure 6.3), had struggled to stay connected to his very successful older brother, Dan. Mike was a struggling artist who had had diabetes since childhood and was often in poor health. He frequently felt that his brother was just putting up with him and waiting to get off the phone. One day when Dan thought he had hung up from a call with his brother, Mike overheard him complaining

to his wife about Mike's problems and what a pain in the neck he was. He felt humiliated to hear Dan's negative assessment of him, but feared speaking to him directly. As he reflected about their history, he thought about his brother's feeling that Mike was their mother's favorite. Meanwhile, Mike's feeling since childhood had been that Dan seemed to have been born with no problems. He was smart, good-looking, and athletic, and his parents always left him alone, which Mike longed for. Mike had always felt like the "runt," struggling with school, awkward physically, and having perennial doctor visits.

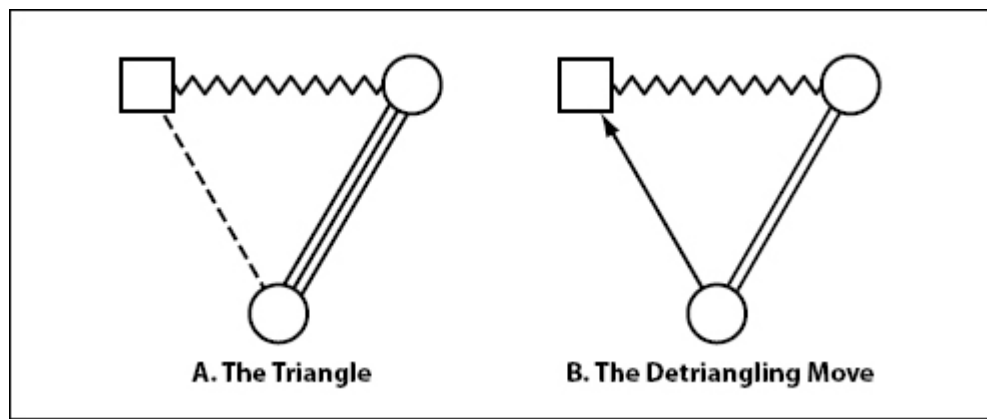


Figure 6.2: Triangle and Detriangling

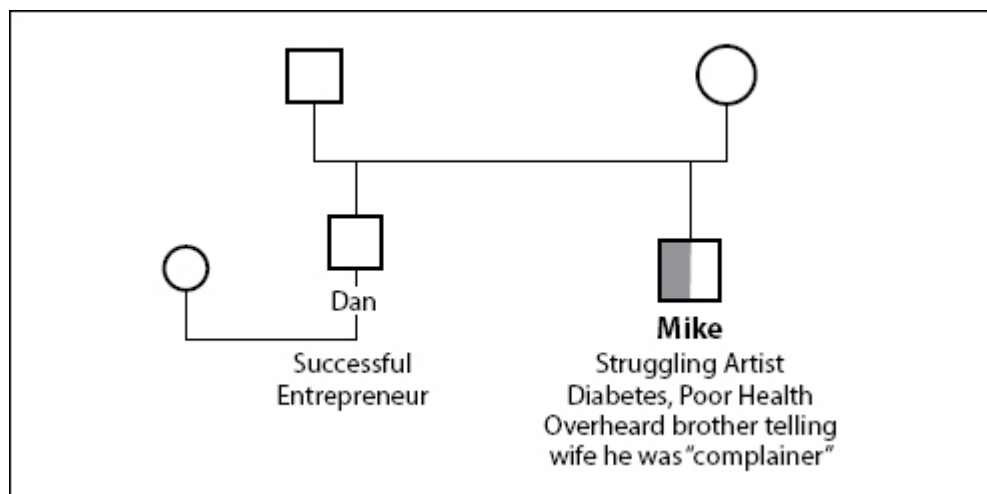


Figure 6.3: Mike and Dan Scanlon

He remembered from childhood how both of his parents would act friendly with their siblings but then bad-mouth them as soon as they got off by themselves. He hated their indirectness. He considered mentioning to

Dan the next time he called that he had the fear Dan was frustrated with him the last time they talked and make indirect mention of some of the specifics he had overheard Dan tell his wife when he thought the phone had been hung up.

But somehow the more he thought about it, the more that seemed too much of a repeat of the pattern of indirectness he remembered his parents using from his childhood. Instead he decided to arrange to get together with Dan and talk it over directly. Initially, when Mike told Dan about overhearing his negative comments, Dan seemed to shut down, undoubtedly embarrassed at being overheard. He made several excuses for his “bad mood” that day.

But Mike continued telling his brother that, while he had initially felt anger at what he overheard Dan saying, as he began to think about how he had been relating and realized that his conversations must be “downers” to his brother, because he was always telling about his bad news. He told Dan he was shocked to realize he was bringing nothing positive into their conversations. He said he had been thinking back to their childhood and remembering how similar their parents’ relationships to their own siblings had been. They had complaints, but they never sorted them out directly and instead groused about them behind their backs.

He said he thought somehow it had to do with sibling conflicts over who the grandparents preferred and who felt “less than,” especially because the grandparents always seemed to play favorites.

Mike told his brother he wanted to be different, that in spite of his health problems and other stresses, he wanted *not* to be “a complainer,” as several of his aunts and uncles had been. He asked his brother to help him keep his best self present in their relationship, which he said meant a great deal to him. Initially Dan’s response was muted, but over the next few months Mike worked at what he had resolved to do and he began to feel much closer to Dan and his family. He also made efforts to reconnect with his aunt, who had been a remarkable noncomplainer for years while struggling with a variety of physical problems and was now still going at 90. He also made it a point to connect more actively with Dan’s two sons, whom he had also previously complained to Dan were not paying attention to him. He began to take more responsibility for connecting with them, and they became more animated with him.

As in this instance, exploring the larger context is the best way to gain understanding of how triangles are operating. They can also reinforce the importance of changing the pattern and strengthen family members' resolve to work at transforming old behaviors.

TRIANGLES WITH IN-LAWS AND OTHER OUTSIDERS

An important dimension of triangles is the “insider” or “outsider” status of each person in terms of triangle formation (Figure 6.4). The most common triangles among insiders in a family are two parents in relationship to a child or two siblings in relation to one or both parents. But very often triangles form with outsiders to the system, such as with non-family members, a son's girlfriend, or with in-laws: mother-in-law with daughter-in-law, sister with sister-in law, wife with ex-wife, or sibling and stepsibling. In all these outsider triangles, there is a distinct lack of historical bonding in the relationships with the outsider that makes it easy for the system's energy to go negative in relation to that person. The outsider status means that the relationship is never as crucial as that between siblings, child and parent, or spouses with each other. In dealing with any system, we must coach family members to notice and distinguish between relationships of insiders and those with outsiders.

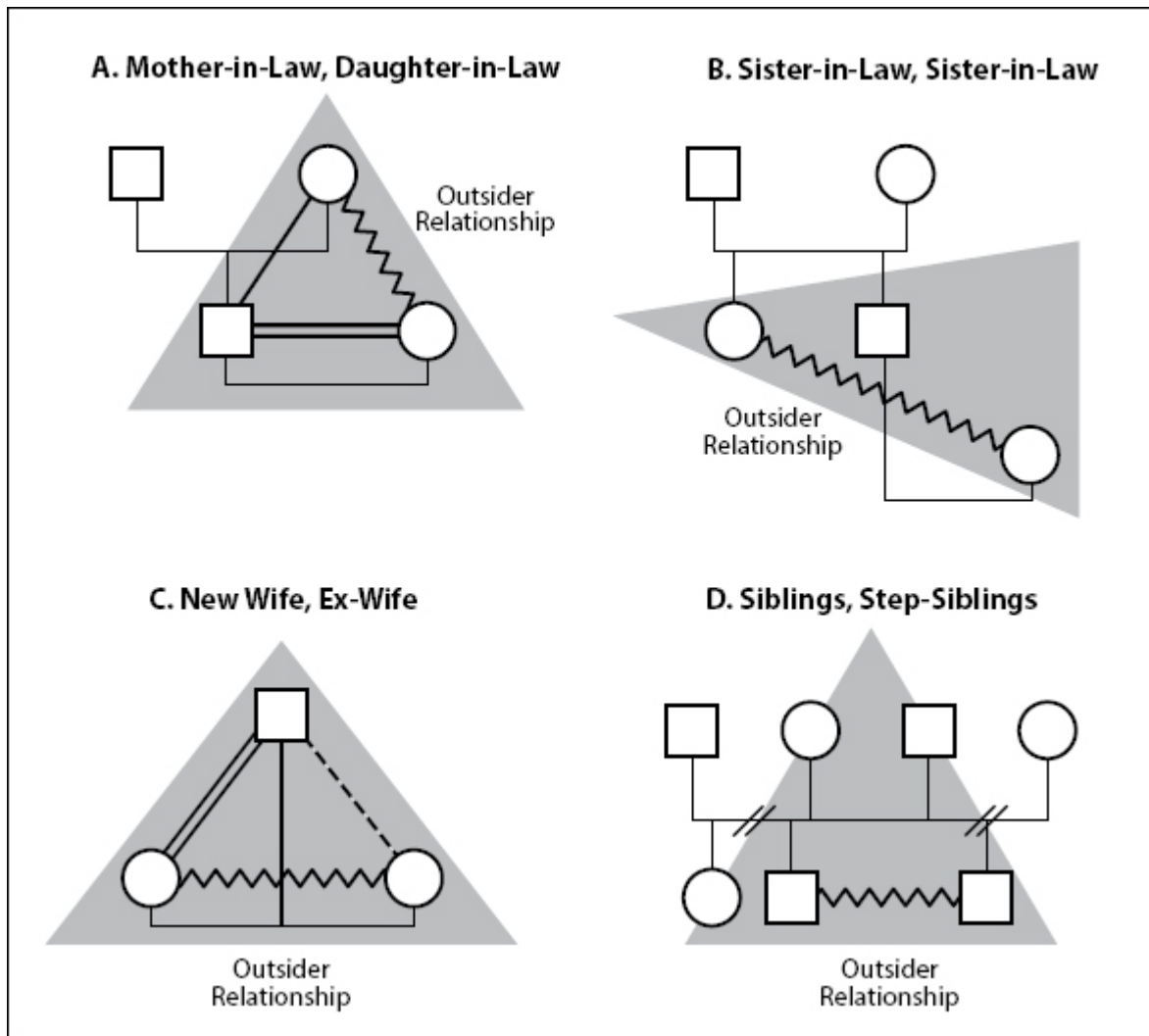


Figure 6.4: Insider-Outsider Triangles

We must always pay attention to who is getting triangled into the relationship and unravel the emotional process until we can distinguish the bare bones of the crucial relationships in the system. All the non-insider relationships exist because of our relationship with a central person in the system (our parent, our sibling, our child, or our grandchild). We need to maintain civility with whoever our primary family members choose for a partner, but we do not need to have a personal relationship with that person. For example, we do not need to love the partners that our siblings or children choose—though we are very lucky if it happens that we do bond with those people, because it means we gain ready-made family members. Our responsibility is to treat them with respect and politeness, because our relative has chosen them. That's it.

Such outsider family members become connected to us indirectly, through their connection to someone who is our primary family member. The same goes for a new spouse that our parent chooses once we are grown. We do not have to love that person ourselves, but merely to be generous and polite and accept that s/he is our mother or father's choice as a new partner. Often family members get confused about these issues, thinking that they have the right to make a value judgment about that person and relate accordingly. This is not the case. Any partner choice our family members make is *their* choice. Our only responsibility is to accept their choice with grace, generosity, and kindness.

The same goes for remarriage when the new spouse brings children into the family. We do not have to love our new spouse's children. But it is our job to deal with them generously. They are a package deal. Any time we get into a battle such as "You love him more than me" or "I refuse to accept your son staying with us!" we are on the wrong track. We must always distinguish between primary relationships, such as with our parents, siblings, and children, and those with our in-laws or stepchildren. The latter may go well if we are lucky, but they are not pivotal in the same way that our primary relationships are.

Parents, in particular, but also older siblings often get into triangles with an in-law, evidencing righteous indignation and justifying their angry position as "helping" their child by pointing out his or her bad judgment in choice of a partner. This is, of course, absurd. If you want to encourage your adult children to make the best choices possible, stay connected with them and show generous belief in their ability to solve their own problems. Trusting their judgment would, of course, not make sense if the adult child has a mental illness or addiction. But then again we must beware of being too quick to see a child's choice of an "undesirable" partner as a sign of "mental illness."

Among the most common triangles in families are mother-in-law and daughter-in-law triangles. Actually any in-law may easily become the outsider in a triangle, because they are new members in a system. They often do not know the rules of the other family member's relationships and insiders can easily experience them as intrusive in a system, offering their opinion where no outsider has taken a position for many years. My son's wife may seem to be "stealing" his attention. It is much harder to

acknowledge that my son doesn't pay as much attention to me as I wish he would than it is to blame it on his wife.

So a daughter-in-law can become an easy target for a mother-in-law. Similarly, a daughter-in-law may prefer to blame her in-laws for issues her spouse will not deal with. The son may even use his parents as an excuse. "I have to do this because my parents insist." In this scenario the question would be, where does the husband actually stand himself? And detriangling would entail reorienting the spouses to their relationship with each other and to the relationships each has with his or her own parents rather than with the in-laws. Parental dealings should be managed by their own children, never by the child's spouse. Thus, if limits need to be set on parents, *they should be set by their own children, never by the spouse.*

Fathers-in-law can get stuck as well. Gary Penucci called in frustration that his son's fiancée was ruining his relationship with his son, Peter, and he was ready for a cutoff (Figure 6.5). Gary's first wife had experienced serious injuries in a car accident when Peter was 5 and had never returned to full functioning from that time on. Gary had become the primary and somewhat overfunctioning parent with Peter, staying with his wife until Peter went to college, at which time he separated from her. By the time Peter became engaged to Melissa, Gary had been living with a longtime girlfriend for 6 years.

Gary himself had grown up in a volatile family. His father was an alcoholic and his mother was often depressed and emotionally overwrought. He had sought consultation over the years to help him manage the relationship with his wife and with Peter, and now he had issues with his girlfriend as well. But he had come to see his primary problem as "the witch" who had stolen his son's mind and was brainwashing him into treating his father with disrespect. Initially Gary's entire conversation was about the evils of his daughter-in-law. He could not calm himself down enough even to talk about what his own problem was.

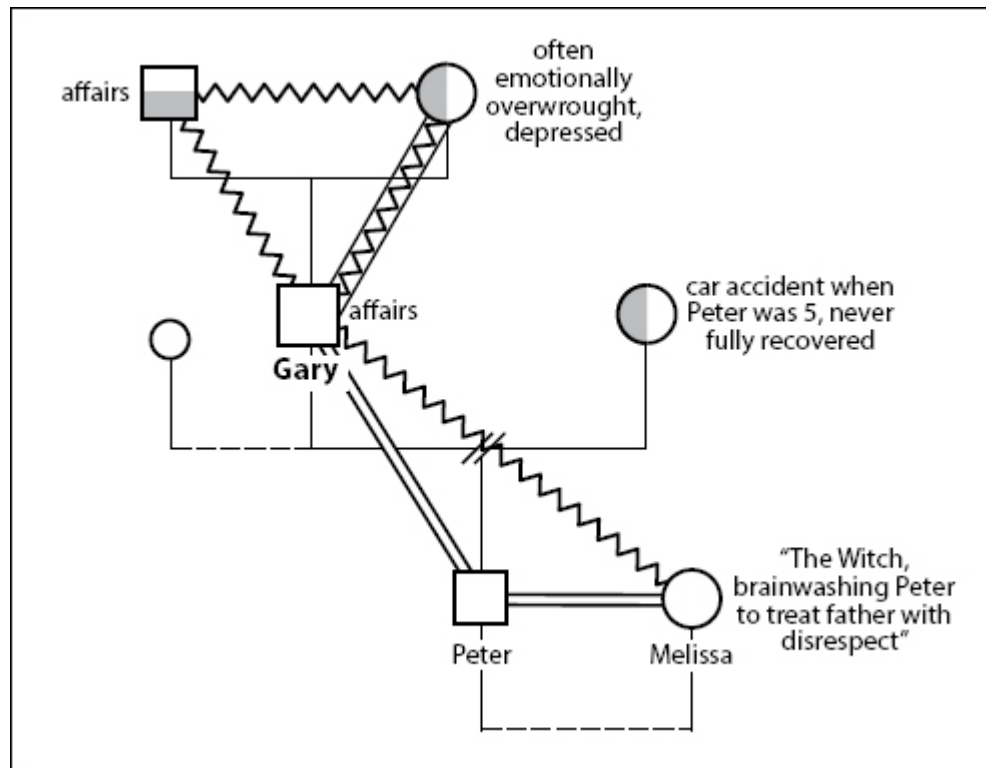


Figure 6.5: Penucci Family

Gradually it became clear that Gary's real fear was of losing his son, who meant so much to him. As we spoke of his goals, I urged him to draft a letter to his son to help Gary get focused in our therapy. In the letter he would tell his son whatever he wanted him to know, as if it were the last letter he would ever get to write. I often coach clients to think in ultimate terms so they can better focus on the essential issues in their lives and relationships. I urged him not to worry about the letter being impractical. The main thing was to express directly everything he wished to say. The letter helped him get clarity that the daughter-in-law was not the problem, but only a seeming threat, because he was so afraid of losing his son.

Gary's first letter conveyed that he did not yet grasp the focus between himself and his son. He showed that he was still focused on "saving" Peter from his fiancée.

Dear Peter,

I am writing because I am very worried about you. I feel you are caught in a bad situation with Melissa, who seems to have many problems. I want to help you see the truth, that I have loved you all

your life and want you to be happy. She is trying to tear us apart. You must be strong and not break up our family. I love you.
Dad.

Reviewing this letter with Gary, I coached him to refocus on his relationship with his son and to leave Melissa out of his letter. After several drafts, he came up with the following:

Dear Peter,

I feel terrible for the rift that has developed in our relationship over the past months and want to let you know some of the feelings I seem to have a hard time sharing when we are together. First, I want you to know that you are the person I love most in the world. I have made many mistakes in my life that you indicate have caused you pain: my relationships with other women before your mother and I divorced, my struggles financially, and my bull-headed nature, which makes me sometimes talk too much, when I should be listening. I am ashamed of the mistakes I have made and have made great efforts to change in the past 10 years.

But I feel so proud of you and have loved being your parent. I was so sorry for what happened to your mother and would have given anything if she could have recovered fully from the accident. She loved you and always wanted the best for you and I know you have always wanted to be protective of her. You have been a wonderful son and I am proud of who you have become as a human being.

I am very happy for you that you have found someone to love. I want to find ways to be connected to Melissa as I want to be connected to you. Please help me find a way to stay connected to you. It was so painful to me that I lost my own father many years before he finally died, because of his refusal to connect. I never want that to happen with you.

Love, Dad

One of the hardest parts of Gary's letter was acknowledging his affairs and bad judgment in his finances over the years. This is interesting because in his therapy he had spoken a great deal over time of his regrets about

these choices. But it was hard to acknowledge these vulnerabilities to his son until he could finally say to himself, “Who am I protecting by this?” He realized that there was no reason to defend against his son saying things he had said to himself many times. It was a matter of getting past the generalized notion of being disapproved of, which had been a big issue for him in his family of origin. He realized that he was the only one who could judge his behavior and that he was a “mixed bag,” who had done some extraordinary things, like overcoming serious dyslexia to become a hardworking and successful man in middle age. He had been a very attentive parent to his son. And at the same time he had had many sexualized relationships with women, which, as he matured, he realized, were, similar to his own father’s many affairs, disrespectful attempts to overcome feelings of inadequacy.

Moving toward detriangling is not easy. Often clients’ initial awareness is that they are stuck in a relationship that does not feel good. They do not actually recognize it as a triangle. Once they start looking at their genogram patterns, they may begin to notice the repetitive nature of many interactions that do not fit with their values or help them accomplish their aims in life. For example, when clients are not getting the acknowledgment they want from parents or siblings, they must reach the point where there is a spiritual or psychological transformation away from needing outside approval to measuring themselves by their own approval. This is easier said than done. But it is the precursor to detriangling, which begins with taking your power back to define your life for yourself, regardless of whether others acknowledge you or not. If your parents are still angry that you did not become the doctor they wished for or that you didn’t give them the grandchildren they dreamed of, you will be fine if you can be all right with yourself. You can then acknowledge their disappointment, but not take it personally as your failure. This is the precursor to work on detriangling: recognizing that the relationships are in a stuck situation and that you want to take control of your own end of each relationship.

As long as a person feels the need for others’ approval, there are only two possible responses: (1) give in to pleasing the person or (2) rebel and do the opposite. To be free means that one has the flexibility to go along with what the other person wants or not. This is hard to realize when you are caught up in a conflict. It can feel like “giving in” rather than like freedom, unless you can appreciate that it is not really a contest. You might

then choose to comply for a variety of reasons: because it is what you want to do anyway, because you want to be generous to the other person and the issue means a lot to him or her, or because you realize that your priority is not to engage in the conflict. When one decides to go along with the other out of awareness that in the larger scheme of things it does not matter, we think of it as “letting go of the rope.” The person operates from the perspective that “winning” is not the relevant issue. Conveying one’s openness to the other is more important.

In one of Bowen’s famous cases a husband felt very caught up with his mother, who was always wanting to take him shopping. He kept thinking he was “winning” if he managed not to buy the clothes his mother wanted him to buy. What he didn’t realize was that doing what his mother wanted or the opposite of what she wanted were equivalent gestures. Perhaps the freest move would have been to choose exactly what the mother had picked out, buy it graciously, wear it generously when he saw her to please her, and wear whatever he wanted the rest of the time.

Triangles can occur with items or issues as well as with people, as evidenced by the many conflicts that occur around TV, the Internet, affairs, and money. Family energy will usually be focused on the content of the issue, but understanding and changing the pattern will depend on decoding the triangles that have developed around the issue.

A major aspect of differentiation or maturity is defining one’s values and responsibilities to the others in one’s life. This entails distinguishing between having responsibility *for* others and being responsible *to* them. Of course parents have responsibilities for their children and adult children have responsibilities for their parents, especially as they age. But in general one has responsibility to be caring, generous, and respectful to the others in one’s family, but not for their lives. Detriangling involves attending to the appropriate responsibility one has to others, being neither underresponsible nor overresponsible for the other person. If a client can change his behavior toward a parent in a respectful way, while the parent is insisting s/he is “killing” her/him, the client is well on the way to differentiation.

Paradoxically, a person who is overresponsible is actually treating the other in an irresponsible way. As long as you are overfunctioning for others you are undermining their ability to make choices and decisions on their own behalf. Taking over decision making for others may really be disrespecting them.

But making judgments about what “responsibility to” rather than “responsibility for” others requires in any specific instance is not so easy. If a parent, spouse, or child is indeed losing functioning, the question of overfunctioning becomes very difficult to determine. At what point is taking responsibility for a parent with early dementia, a spouse with an addiction, or a child with a mental illness overfunctioning? In general, when people have lost the ability to manage their own affairs, the support of others to protect them seems the only loving and wise path. But knowing when this path is necessary is indeed a challenge. Adult children may wait too long in taking over responsibilities for an aging parent because of that person’s previous powerful role in their lives. On the other hand, parents may overfunction for their adult children too long, fearing the young adult will be unable to function independently and thus unwittingly fostering their underfunctioning.

The same holds true for therapists’ responsibility to clients in therapy. Our job as clinicians is not to have the answers to questions of responsibility, but rather to coach clients to make their own determination of what the appropriate behavior is in their situation and to live it out. The South African writer and social worker Sindiwe Magona used to suggest good questions for helping clients consider how to handle their current situation: “What would your great-granddaughter, who may be born 40 years from now, want you to do at this moment if she were here? And what would your great-grandfather, who has been dead for 100 years, want you to do now, if he were here?”

Therapists have the responsibility to provide their best possible counsel to aid clients in making informed decisions in their lives, *but not to take responsibility for clients’ lives*. In the same way that coaching clients involves helping them treat family members’ different choices with respect, therapists need to respect clients’ degree of readiness to make clinical moves in therapy. If the client is not ready to respond, it is the therapist’s job to stay respectfully willing to engage in the future, if circumstances change. If a client feels it would “kill” a parent to tell him about earlier child abuse or about certain current life experiences, it is the therapist’s job to point out that this is only an assumption and to recommend exploring the consequences of not telling along with the possible consequences of telling. It is worth pointing out that the client may be taking a patronizing and disrespectful attitude toward the parent by assuming that s/he can’t handle

difficult news, when actually s/he may be depriving the parent of the opportunity to deal with the issue. But once the explanation is given, the client must be the one to decide whether or not to talk with the parent. If the client chooses not to proceed, it is the therapist's job to remain at the ready for a future moment when the client may reach a different conclusion.

DEALING WITH THREATS

Threats to disown a family member are unfortunately common. How should we counsel clients whose family member threatens them if they act in a certain way: "I will cut you off if you . . ." or "I will consider it a betrayal if you . . ."

Such threats of blackmail, however deeply felt by the person who expresses them, are a recipe for failure in relationships. If a family member says, "If you do that it will kill me," it is not your responsibility to cave in to such a threat. We believe each adult has responsibility for his/her own well-being. Family members must be free to live their lives according to their own values, not according to someone else's values. Thus, if the father says, "I am cutting your sister off, and, if you ever speak to her again, it will be a direct betrayal of my wishes," it is the client who must decide how to proceed with the sister, as well as with the father, rather than letting the father's threat define others' future behavior. It is, of course, common that people do cut off family members and try to draw other family members into going along with their cutoff. It is up to the others to make their own decisions and not fall into line with such threats. A spouse or adult child refusing to go along with a cutoff may be the beginning of opening up the systems, as other family members also refuse to participate. But they must also not cut off the one who has made the threat, responding generously to that person and making every effort to open his/her heart.

TRIANGLING WITH FAMILY MEMBERS WITH A MENTAL ILLNESS OR ADDICTION

Triangling is very common around dysfunctional family members such as those with a physical or mental illness or addiction. One of the most common problems is to overfunction in relation to the person with the

addiction or mental illness, offering our help and opinions long after we should have noticed they are not seeking our advice and have already heard our opinion many times over.

The rule of thumb in those situations is to set whatever boundaries are appropriate under the circumstances to protect other family members from danger (such as protecting the children from an addicted family member), but otherwise not to overfunction for them by giving excuses for them, trying to overcontrol them, or monitor and advise them in ways that take away their self-agency. Both cutting off and overfunctioning responses to a dysfunctional family member's behavior involve not observing appropriate boundaries. The emotional pull of such situations can be intense. Where a parent is trying to take a position with an adult child who has a serious addiction, for example, it can be difficult to find a balance between avoidance of addressing the problem and overfunctioning for the child, a situation in which it is difficult to hold back when you love someone who is on a self-destructive life path. In the early stages of dysfunction, overfunctioning by other family members is very common. Such overfunctioning often leads to feelings of burnout in the long run, when the other fails to respond to the person's efforts. This then often leads to a cutoff of the relationship. Detriangling in such situations can be a life-saving process, but fears of disengaging from overresponsibility are very challenging.

TRIANGULATION WITH GOD OR RELIGION

When family members triangle with God, or draw on religion to back up a position in relation to another family member, such as, "What you're doing is against God's will," it can be difficult to respond. As a general rule, arguing against the religious position will not be fruitful. For example, pointing out how few mentions there are of homosexuality in the Bible is not likely to help a parent move to a different emotional position about their child being gay. We generally coach clients to avoid trying to use logic in these situations, because that is not usually the driving force in such conflicts. It is more relevant, in our view, to appeal to one's relationship with the person at a personal level and sidestep religion. It makes more sense to appeal to the person who is conveying that "God is against it" on

the basis of your personal relationship. “Even though you and I don’t agree about this issue for various reasons, I know you want the best for me and I want to find a way for us to stay connected in spite of our differences.” The power of the relationship seems more likely to change a family member’s mind than the intellectual argument. We thus urge clients to emphasize the emotional connection they have with each other and not get into the logic of the theoretical position. Caitlin Ryan’s (2015) videos of adolescents and their families dealing with LGBT issues in relation to religion, developed as part of the Family Acceptance Project (<http://familyproject.sfsu.edu>) can be very helpful to family members who are struggling with such triangles.

SECRETS

Secrets, like cutoffs, have the power to bind a system into rigid triangles and frozen behaviors. Where a secret keeps key systems information from the relevant participants, it mystifies family members and makes it hard for anyone to function at their most creative. It may take a long time for a secret to be brought out in therapy.

At other times, as in many cases of sexual abuse, it is the very opening of the secret that brings the family to therapy. Revealing a secret may be a pivotal opening point in a system. If you think of stuck systemic process, falling into the deepest place of rigidity from which it’s hard to see out, then the point of revelation is the moment of turning the bend upward and outward toward flexibility and, if you will, freedom in relationships. In [chapter 3](#) we discussed the Zapata family, who had come for help for their 15-year-old daughter, Maria, who had secretly begun cutting herself and feeling suicidal. At a moment in the therapy the mother talked about her own earlier experiences of feeling suicidal. But when asked if she had ever discussed this with Maria, she changed the subject, suggesting she was not comfortable sharing her own experiences with her daughter. In our opinion such closedness is more likely to perpetuate dysfunction than to minimize it. If the mother could be open about what she had struggled with, it could become a resource for the daughter in developing her own resilience as well as her connection to her mother.

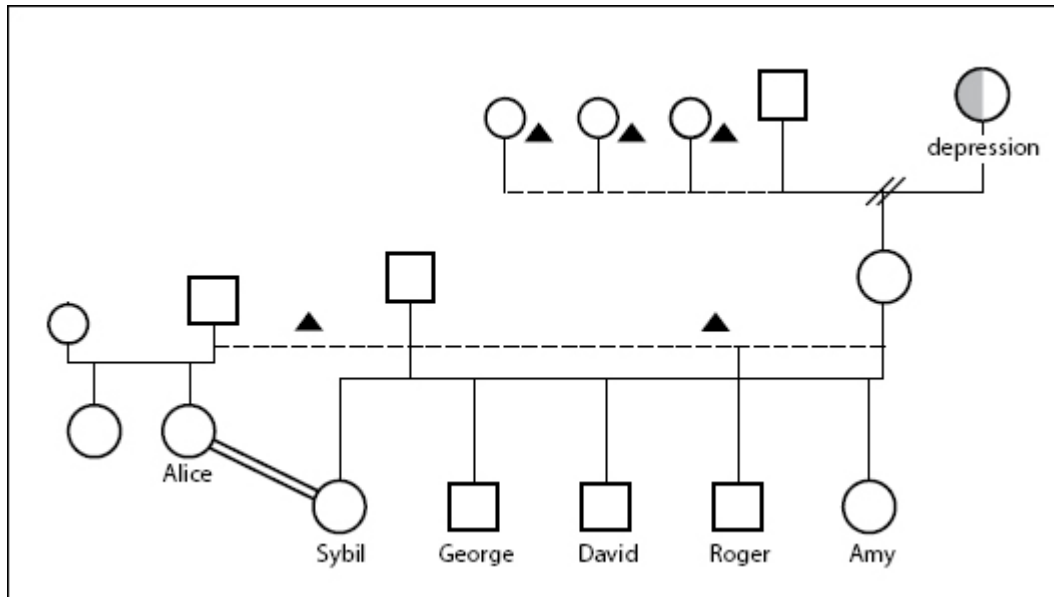


Figure 6.6: Sybil and the Secret

At times clients reveal secrets in therapy that have become embedded in their lives and are that a challenge to unpack.

Sybil, age 25, the oldest daughter of five children, came to therapy for problems with unspecified anxiety (Figure 6.6). During the assessment she revealed that her mother had told her 2 years previously that her younger brother, Roger, was the son of the mother's affair with the father of Sybil's best friend, Alice. The mother pressured Sybil to promise not to tell her siblings. While there were other issues in Sybil's situation that required handling, a significant part of the clinical work entailed helping her figure out how to break out of that unreasonable promise, which was isolating her from her siblings and from her father. The secret also created a wall between Sybil and her best friend, Alice, because they could not share the secret of their parents' affair.

As we talked, Sybil began to realize that her promise was keeping her from sharing various frustrations about her parents with her siblings, whose support she needed. She was aware that Roger had always been distant from the other siblings and everyone had seemed to feel guilty about it, without understanding why. She wrote the following letter to her mother, which was a first step in breaking out of the pathological triangle with her mother in relation to everyone else in the family.

Dear Mom,

I know you meant well by telling me that Roger is not Dad's son and asking me to keep it a secret. But I have realized that it was a promise I cannot keep. It has been putting a distance between Roger, Amy, George, David, Alice, and me and between Dad and me.

I have concluded that by telling me the truth, you knew it was time to stop this secret from infecting our family. I am convinced that the truth is the only option for our family. I know you will find a way to deal with this that helps Roger, Dad, and the rest of us. I am sorry you have had to struggle with the secret for so long already.

I have also been thinking about all the losses you experienced in your childhood—the pain of your father leaving you with your depressed mother, and your courage in challenging your mother, when she told you about your father's affairs. I realized how brave you were in daring to open our family's secret by sharing it first with me. I know you will be able to find a way to deal with this reality, because it is an important part of all of our lives.

Your loving daughter, Sybil

One letter alone did not, of course, change the situation. But a person's willingness to change his/her participation in family triangles is the key to freeing him or herself from pathological family patterns that otherwise continue the dysfunction from generation to generation.

Sybil's mother's initial reaction was anger that Sybil was betraying her promise. Sybil and I had had several discussions in our therapy in which we had anticipated this before she wrote the letter. We had hypothesized about the mother's reaction and planned what she would do if her mother refused to open up the secret to the other family members. Sybil had resolved that she would just keep reiterating that her mother had the strength to manage the situation and that she could not continue the secrecy.

She had decided that if her mother did not find a way to open the secret to the others in the family, she would wait a period of time and then tell first her father, and then her siblings. She would not tell her friend Alice until she had spoken with her own family members. Once she had thought deeply about her family's situation and come up with her ideas, she seemed resolved and clear about what she would do.

Interestingly enough, the anxiety that had been her presenting problem receded before she even wrote the letter. She said she felt a confidence she had not remembered feeling since childhood. As it turned out, in spite of her dramatics, the mother herself decided to tell her husband about a month after Sybil gave her the letter, and together the parents spoke with Roger a while later. Sybil did not have to tell Alice because Alice came to her with the information, which her own father had told her. There was no shocking outcome, but over the next year Sybil said Roger, who had been struggling in school and was repeatedly in trouble for drinking on weekends and hanging out with the wrong friends, appeared to be turning his life around. He was the only sibling who didn't appear headed for 4-year college, but now he was planning to attend the local community college and study computers. Sybil, who lived in New York City, an hour away from the family, felt there was a much easier family feeling when she went home. Her two other brothers lived away, pursuing their studies, and had had little reaction to the news that Roger was their half brother, but the youngest sister, Amy, seemed much closer to Roger than she had been previously.

It is important to clarify that many times such outcomes do not occur just because someone takes a position in his or her family. The crucial part of this work is for the client to take a more clear position in relation to others in the family or social system, regardless of how the system reacts. Sometimes change takes a long while to evolve.

In this situation the pivotal change was Sybil's clarifying for herself that she would no longer go along with the mother's attempt to triangle her into a secret, which was isolating her from the rest of her family and from her best friend. Once she got clear about that, no matter what the mother or anyone else in the family chose to do, she was liberating herself from the constraints that were isolating her. If, for example, her father or Roger had become angry or depressed at the news, she would have had to be prepared for dealing with the consequences of having decided no longer to go along with the mother's emotional blackmail.

COACHING CLIENTS ON DETRIANGLING

A client may at times come in focused on ending an intense cutoff, usually with a parent, but if that is the driving force, one must still guide the client

to go slow and understand the surrounding relationships before making a move. As Carter (1991) always said, it is never a good idea to make a dyadic move in the family of origin without understanding and planning for the countermove of the third person in the triangle. Even before this can happen, it is important to help clients understand the patterns of connection with other family members and consider how the triangles operate and interrelate to one another.

First moves often involve initiating regular visits to the parents or other key family members and making time to relate to each of them individually.

If a client has a “pursuing” mother, s/he can begin by researching what happens if she pursues her back. The prediction is that the mother would be likely begin to pull away. Just beginning to research how the relationship system operates can shift a client’s experience with his or her parent, if the person is able to get free enough to pursue the pursuer back. First the client will have to practice breathing and be willing to sit still and really listen to the mother, when she is pursuing. Once the client begins to do this, s/he will probably notice that the mother becomes very uneasy within a very few minutes. One cannot hope for a response if there is no relationship, so the first steps must be to build up the relationship. It is only by becoming a real researcher on one’s family that one can hope to change the patterns. There are no easy fixes.

Alisa Bahr (Figure 6.7), a 30-year-old clinical psychologist and the middle of three children sought help for “family conflicts.” (Some details of this case can be streamed on my video about *Triangles and Detriangling*, available through our website. To stream segments of this video go to www.psychotherapy.net/McGoldrick.) Alisa’s father, an anesthesiologist, was the grandson of German Jewish immigrants. Her mother was a third-generation Irish American nurse from Brooklyn. Alisa was dating Carlos, a Puerto Rican social worker she had met at work. Her parents were extremely disapproving of her choice of boyfriend, and she was frustrated by their judgmental reaction, feeling they were not giving him a chance and making him uncomfortable whenever he came to visit.

Initially Alisa saw the major conflict as pertaining to her parents’ disapproval of Carlos, but as she began to explore her history and create a genogram with the therapist, a clear pattern of triangles emerged. The whole family was rife with triangles. Alisa’s father, Sam, the younger brother of an older sister, had been in a triangle with his parents seemingly

since childhood. He and his mother had been very close, while his father had been controlling and critical. Sam's parents had apparently been distant from each other and as an adult he had preferred to visit when he was sure his father would not be home. Sam's mother had died suddenly of a heart attack 3 months before Alisa was born, and she had been named for this grandmother.

Alisa's mother, Betty, was the older of two sisters. She had also grown up in a tight triangle with her parents, who had an openly hostile relationship, barely speaking to each other most of the time. Betty had felt closer to her father, but he could also be controlling and overbearing. Her relationship with her mother was outright negative. She viewed her as judgmental and superstitiously religious and generally reacted to her with silence or negativity. Betty always had the feeling the mother preferred her younger sister, Edna, from whom Betty had a total cutoff for the past 14 years, ever since an incident when she felt Edna had insulted her "for the last time" and Betty decided to cut her off for good.

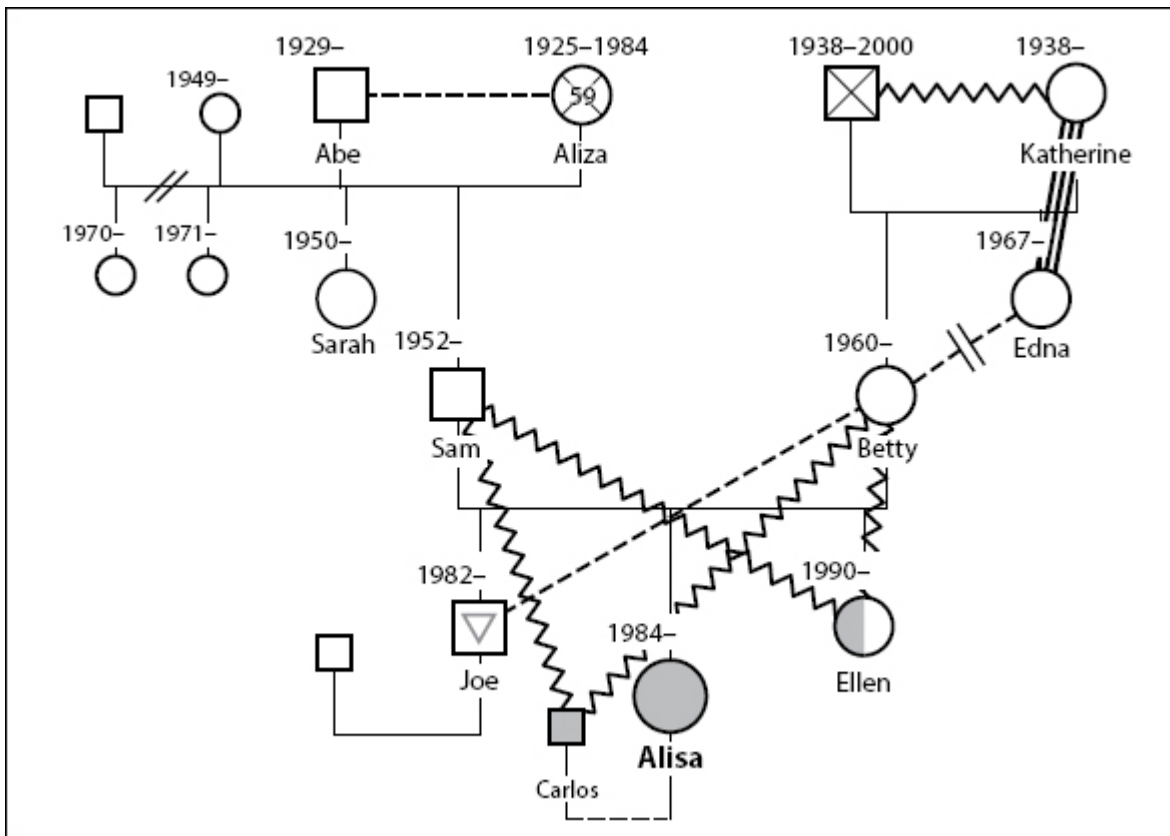


Figure 6.7: Alisa Bahr Family

Alisa's 2-year-older brother, Joe, had come out to the parents as gay in adolescence, chose to go to college on the West Coast, and has stayed in the Bay Area of California ever since, having become successful in the IT industry. He had been living with his partner, far from the family for some years, rarely contacting the parents and almost never returning to see them.

As a young child Joe had been the focus of much parental energy: positive on the mother's side and critical on the father's. But once he declared his sexual orientation, both parents distanced from him and shifted their focus to their two daughters, almost ignoring Joe altogether.

When Sam's mother died, his father quickly remarried and seemed to move into his new wife's family, which was fine with Sam. Alisa, a newborn at that time, grew up to be the apple of her father's eye. She even had dark red hair, just like her grandmother. It seemed as if Sam's loss of his much-loved mother as well as his disappointment with his wife and with his son, whom he had not felt connected to from early on, contributed to his special affection for his daughter Alisa—that is, until she met Carlos.

Alisa's mother, Betty, had also focused her energies on Alisa, but in a way more similar to her father's close but controlling behavior toward her. Now Betty would not stop criticizing Carlos and urging Alisa to find someone different.

Alisa's younger sister, Ellen, born 6 years after Alisa, seemed to have been born for trouble. The month before her birth Betty fell in the bathtub and felt her hip was never the same afterward. Sam, caught up in some nasty hospital politics, lost his job and had to bring a lawsuit against the hospital. Now 24, Ellen had dropped out of college in her first semester, smoked pot and drank from her early teens, could never hold a job for more than a few months, and always seemed to choose the wrong boyfriends, who drank, had no money, or seemed to be “from the wrong side of the tracks.” For years Ellen had been the focus of most family conversations: “What had she done now?”

The parents almost never mentioned Joe. It was almost as if he didn't exist. They acted insulted if Alisa, who had always liked her brother, mentioned him.

On the subject of Ellen, Alisa had tried everything she could think of to help “shape her up.” She was always coming up with new ways to help Ellen or to bail her out of trouble. She gave advice to the parents, especially her mother, and she shared stories about Ellen's latest bad behaviors.

Recently, as the criticism seemed to be shifting to Carlos, Alisa had felt less tolerant of her mother's negativity and had begun fighting back. She had also begun complaining about her mother to her father, which only seemed to make him uncomfortable. It was this pattern that had finally led her to seek therapy.

In therapy we mapped out the triangles to show the patterns in the nuclear family and the parents' relationships with the grandparents, which seemed in many ways parallel. Then we began to strategize about what detriangling would look like with her parents and with her siblings, as well as with members of her extended family.

Over the course of the next year and a half, Alisa followed through at multiple levels on increasing her own flexibility in her relationships with both parents, both siblings, her paternal grandfather, her paternal aunt, and finding information on her family's more extended history (through genealogical and extended relative research).

She began not with her most difficult relationship, her mother, which had always been highly charged, but with her father and her brother, with both of whom she already felt a good connection. Her research had given her an interesting insight: both parents had received severe parental disapproval when they wanted to marry (Figure 6.8). They had conceived Joe before they married, and their parents disapproved of their partners' religious and cultural background. Both sets of parents felt their own child was "too good" for the spouse.

After careful planning, Alisa told her father directly that she was very distressed by his negativity toward Carlos, because she knew how much he loved her and trusted her good judgment. She reminded him of how much he had loved his own mother, who was another strong, feisty woman, whose courage in making choices the father always said he admired. She asked him directly to please stop commenting on her boyfriend and to trust her to figure out what she needed in a relationship with a partner. "Please," she asked, "just let things evolve and try hard to avoid making judgments, as I know your parents and mom's parents never did with you."

She had enough relationship with her father to make this direct approach. Her father responded well, though it is perhaps not surprising that he was less positive later, when she decided to reconnect with his father and to meet and spend time with the grandfather's second wife and her children and grandchildren.

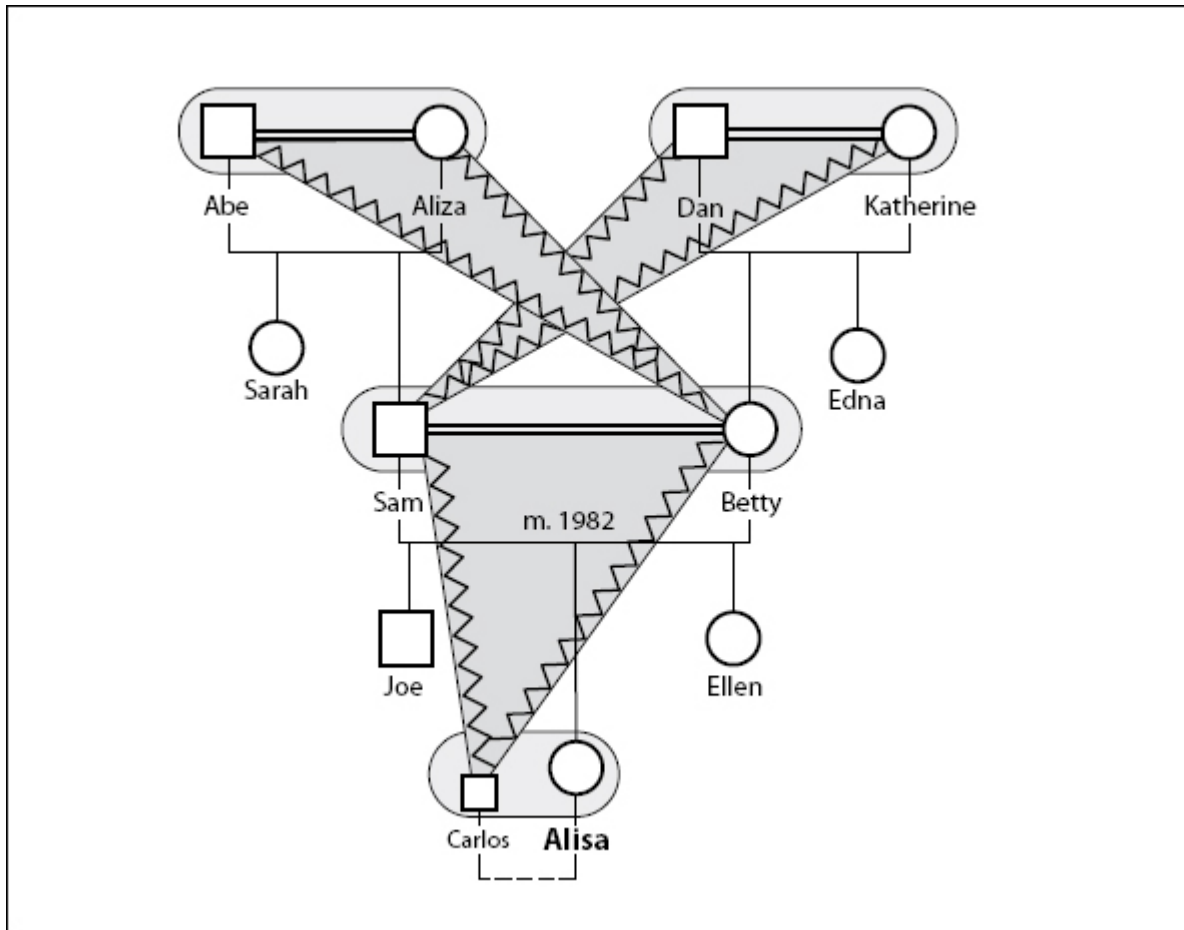


Figure 6.8: Circumstances Influencing Triangles in Alisa Bahr Family

At the same time Alisa began reaching out toward her brother. She had remained connected to him but never really talked to him about her parents nor to her parents about him. Now she decided to tell her parents especially good news about him and not be put off by their tension and silence in response. She would say things like, “Oh, guess what Joey just told me he did! I’m so proud of him.” And then she’d move on to other topics, not expecting either parent to respond but also not allowing either parent to shut down her enthusiasm.

She soon felt ready to look in more detail at the issues surrounding her conflict with her mother. She realized she could not start by taking a position about Carlos, such as that she would no longer listen to her mother’s criticisms. Instead she decided to try to shift the conversation with her mother from complaints about Carlos or about her sister, Ellen, to how difficult her mother’s relationships must have been with her own mother, who was always showing preference for Betty’s sister, Edna.

If the mother said something negative about Carlos, Alisa would try to say, “I know you don’t like him, Ma, and I hope that will change. But you know what I was thinking about is what a hard time your mother gave you in relation to Edna, who always seemed to get her approval, even though you were the one who excelled in so many ways. That must have been hard.”

In this way Alisa acknowledged her mother’s negativity toward Carlos without engaging in it. In fact, she was embedding the hope that the mother’s opinion would change, without engaging in conversation about it or pressing for the change to take place now.

An important aspect of detriangling is to beware of how you are punctuating an issue. You want to bring it to the surface and not to allow it to remain hidden. But you do not want to force the family into an all-or-nothing discussion of any issue. You want to embed each issue in the context of the family’s history and future connections.

By shifting the conversation to the mother’s relationships in a sympathetic way, she was expanding the allusion to triangles, sympathetically referencing another triangle in which the mother was in the outside position. Thus, Alisa could convey sympathy to her mother while highlighting the fact of triangles in their family.

In all detriangling efforts, it is important not to be invested in how the other person reacts to you, but to recognize any response as information about how the system operates.

So, for example, if her mother should get highly reactive at the mention of even Edna’s name, Alisa could just say, “Oh, I didn’t mean to upset you, I’ve just been thinking about her and Grandma a lot recently and about all the things you’ve been through.”

It is essential that before attempting such work, clients feel grounded and not in need of the parent’s approval. Any reactive response by a parent is just information about where they are stuck.

Alisa got good at watching for this, and pretty soon something shifted in her relationship with her mother. She had committed herself not to get into a conflict, no matter what her mother said. An aspect of the dynamic that required her concerted effort was the triangle with her mother and her sister, Ellen. The mother had always complained about Ellen. Historically, Alisa had sympathized, added her own stories about Ellen’s misadventures or offered advice. Now she realized she needed to stop participating in

gossiping about Ellen and certainly must not give advice on how the mother should deal with Ellen, because that put Alisa structurally at the parental level rather than at the level of sibling to her sibling.

Alisa realized she needed to start from scratch at building her relationship with her sister, whom she had basically ignored for years. She began by emailing her, sending her jokes and funny pictures, and becoming familiar with her Facebook page, which she had not even wanted to know about before. In conversations with her mother she began casually trying to change the topic to something that pertained just to her mother and herself: “Oh, Mom, I forgot to tell you what happened to me at work the other day . . .” or maybe “That sounds like a difficult problem. I’m sure you’ll figure something, but I’ve got to run just now . . .” When she saw her sister at the parents’ home, Alisa made a point of spending at least a few minutes with her. At first Ellen’s reactions were abrupt and dismissive. Probably she feared that Alisa was coming in with one more of her schemes to “improve” Ellen’s life. But after a few months Alisa noticed to her surprise what a great sense of humor Ellen had, which she had never realized before. She found it hard to contain the “therapist” in her, often wanting to give advice, especially as she saw how talented her sister was and felt distress at the waste of Ellen’s abilities by her not having completed school or found interesting work.

A key interlocking triangle with the one of Alisa, her mother, and Ellen was the one between Betty, Edna, and their mother. This related also to Alisa’s very close tie to her 86-year-old maternal grandmother, which she always sensed her mother resented. The grandmother frequently badmouthed Alisa’s mother, describing her as “uncaring, self-centered, and too opinionated.” In the past Alisa never challenged such comments. Now she decided she had a close enough relationship to ask her grandmother why she spoke in such a negative way about her daughter. What had happened between them? The grandmother told Alisa that Betty had been truly brilliant as a child, but had trouble reading. The grandmother had to take her for remedial help, which she hated. Even though she learned to overcome her disabilities, she never seemed to outgrow the resentment she had about being singled out for having a problem. And she was extremely jealous of the attention the grandmother gave to Edna, always resentful of her good looks, and never appreciating how special her own gifts were. Edna had been born just at the time Betty’s learning problems were

diagnosed, which probably contributed to the jealousy Betty felt for her. Alisa and her grandmother discussed how talented the mother was and how she was sometimes judgmental in ways that seemed to push others away, showing an arrogance that was probably more a reflection of insecurity than of a sense of superiority, but that was easy to misread. Alisa told her grandmother that she had decided to try hard to get to know her mother better. She said she felt she had misjudged her for many years, reading the mother's criticism as put-downs rather than insecurity. She worked to avoid giving the grandmother any advice, speaking only about herself. Figure 6.9 illustrates the main moves she worked on over the course of the year to change her position in her family:

1. a direct move toward her father to request that he trust her judgment in choosing a partner;
2. a direct move to get closer to her brother, with whom she felt she had no real issues herself;
3. a series of indirect moves to sidestep her mother's criticism of her boyfriend, acknowledging the mother's dislike for him, hoping the mother's feelings would change in the future, and redirecting the conversation to other issues between herself and her mother
4. a series of indirect efforts with her mother to avoid gossiping about her sister and to mention lightly the triangle her mother had been in with her own mother and sister;
5. a series of light moves with Ellen to get to know her without threatening her;
6. a series of direct moves with her maternal grandmother to find out about her mother's history and inquire about the grandmother's seeming negativity toward the mother;
7. a series of moves toward the grandfather and lighter moves toward his new family to get to know him; and

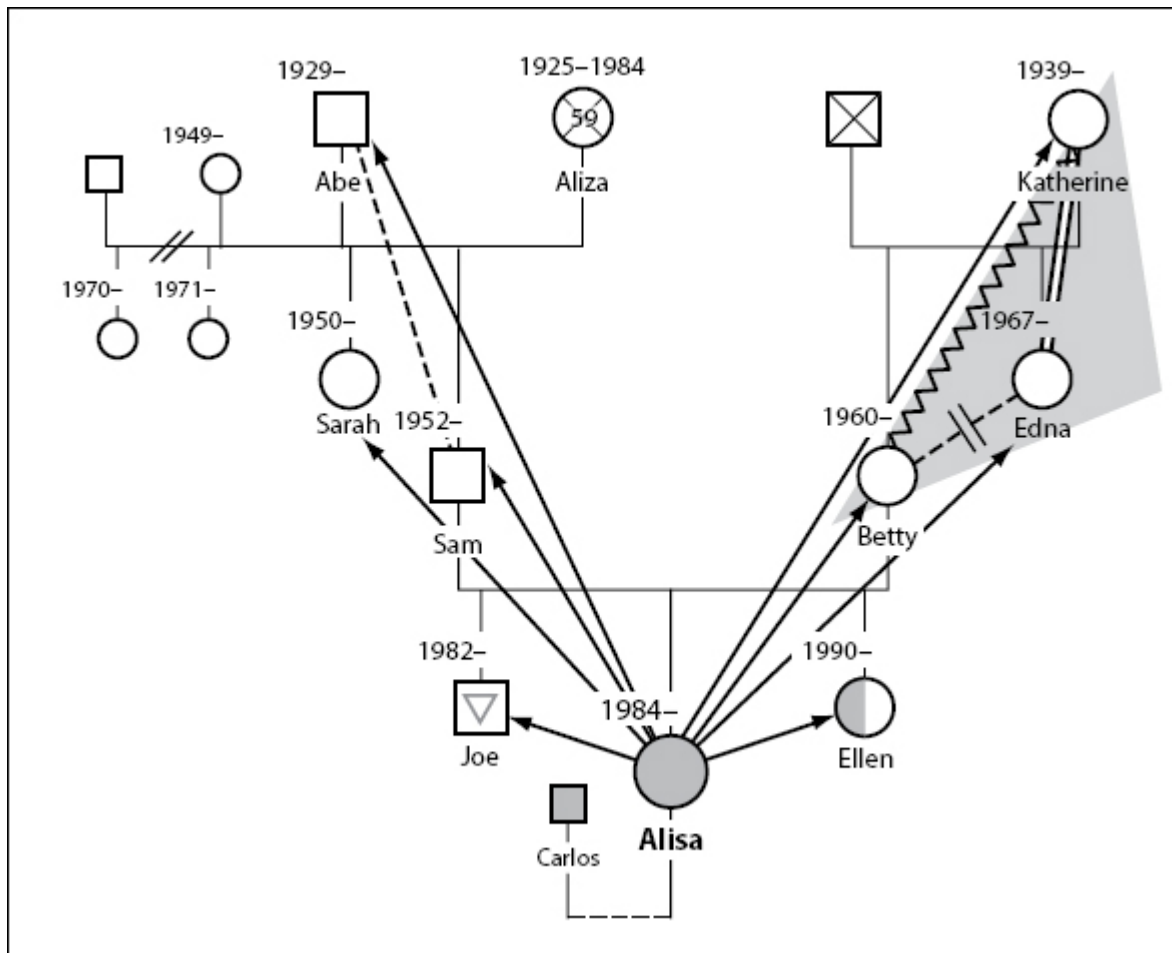


Figure 6.9: Alisa's Main Reconnection Efforts

8. a series of moves toward her paternal aunt to get to know her better and learn her perspective on the family history.

In the future, once things were really calm with her mother, she had in mind to contact her maternal aunt Edna and her children. She also planned to continue her efforts to learn about the family's earlier history through cousins and genealogical research, tracking their migration history and especially parent-child and sibling triangles.

Results of Alisa's Efforts

Over a period of about 18 months of coaching sessions and hard work in between, Alisa arrived at a very different place in her family relationships. The criticism of Carlos basically stopped, even though Alisa herself was not

always easy with him in the presence of her family. She began to realize that some of this was because he himself was uneasy with her family, a problem she was trying to let him deal with for himself.

She became much closer to her brother, going twice to California to visit him and bringing back stories of their adventures and of how happy he seemed to be with his partner, Alex. She now developed a plan to meet him in New York and to invite her parents and sister to join them for dinner.

Regarding Ellen, Alisa felt much more comfortable and her mother had virtually stopped her complaints. Even though Ellen was still unemployed, she had recently begun dating a new person, who seemed friendly, easygoing, and surprisingly responsible.

Alisa's relationship with her father had survived the "bump in the road" of her reconnecting with her grandfather and his new family, and her father, too, had shifted his behavior toward Carlos, now making obvious efforts, not always successful, such as when he tried to get Carlos to join him on a golf outing.

In the meantime, Alisa's increased understanding of her mother's history, which she learned from her grandmother, as well as the many stories her paternal grandfather was able to tell her about her father and her paternal grandmother, who was her namesake, gave her a new sense of belonging to her heritage.

She hoped as time went along that her brother would be better welcomed into the family, that her sister would find a good path, and that her mother and aunt Edna would reconcile. She thought when things calmed down between herself and her mother she would contact her aunt Edna and her children. One of the things her research had helped her see was that the very year her mother had finally cut off her sister was the same year her brother Joe had come out as gay and the same year the maternal grandfather had died.

It is important to help clients explore the often unrecognized coincidences in timing between conflicts, cutoffs, affairs, loss, and the development of family problems.

Alisa planned also to continue her efforts to learn about the family's earlier history through cousins and genealogical research, tracking their migration history, and especially parent-child and sibling triangles.

Alisa's father already seemed to have begun closing the gap with his father. He had begun speaking to him occasionally on the phone and was

planning a trip to visit him in Florida. Alisa had meanwhile talked also with her father's older sister, Sarah, about her grandmother Alisa, learning many things about her talents, sense of humor, and ability to foster open connections with others, which inspired Alisa for the work she had embarked upon herself.

This example demonstrates the principles of detriangling throughout the whole system and suggests the multiple dimensions of working on the most toxic up-close triangles and then working to reconnect and open relationships in the broader system through learning the history of those who came before. Alisa was able to keep herself focused as she worked to develop more personal relationship with all the members of her immediate family and many people in the extended network.

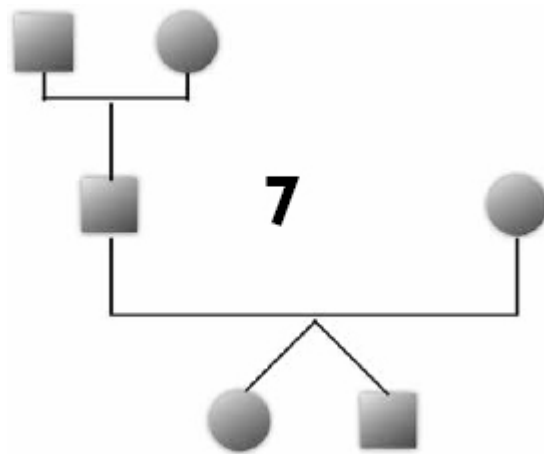
It is perhaps easier for someone who has been overresponsible to pull back than for someone who has been underresponsible to step up to the plate, but the principle is the same for all relationships: to resolve no longer to play the triangle game, to make each of your connections specific to the person in that relationship, and to make every effort to understand the other person's experience and point of view to gain flexibility to relate to them.

Detriangling is really a lifelong endeavor. Under stress systems tend to triangulate and clients (as well as therapists) will need to keep mindful of maneuvering to stay out of triangles in their families and work systems.

QUESTIONS TO ASK ABOUT TRIANGLES AND DETRIANGLING

- ▲ Do you and your mother (or the suspected outsider in the triangle) always disagree on issues? What does your father do when you and she disagree? What would happen if you actually agreed with her a time or two? How do you think she would react? How might others in the family react if you started agreeing with her?
- ▲ What difference do you think it would make to future generations of your family if the existing triangles were to diminish?
- ▲ What difference do you think it would make if the triangles in previous generations of your family had somehow been resolved?

- ▲ What would have to happen for you to decide you wanted to stop triangling in this situation? What might be the factors that would make you decide to stop the triangling process, and what factors would make it difficult to stop?
- ▲ What would it take to deal with the inner voices that say, “Why should I be the one to have to make the move?”



Legacies of Loss: Helping Families Mourn Their Losses

Death ends a life, but not a relationship, which struggles on in the survivor's mind, seeking some resolution, which it may never find.

—ROBERT ANDERSON, *I Never Sang for My Father* (1968)

In the end what matters most is: How well did you live? How well did you love? And How well did you let go?

—BUDDHIST SAYING

Death is the most difficult issue we have to deal with in life, and the one on which we are most likely to become stuck.¹ It is therefore, the most important issue to track with clients, the one most likely to underlie the development of symptoms, whether anxiety, depression, phobias, conflicts, cutoffs, or the inability of family members to leave home or to establish and maintain relationships. If family members try to avoid the pain of loss, its traumatic aspects will linger.

Loss and threatened loss force us to confront our ultimate priorities. They may also become a hidden strength for families, enabling them to

confront their values and concentrate more directly on what really matters. Thus, if we had to focus on only one genogram theme, I would suggest exploring losses—especially those that are untimely or traumatic. Helping families deal with loss is one of our most important issues as clinicians. The very notion of genograms embeds the notion that what came before matters deeply, which is why we use genograms to look back at family history for present and future guidance. The ghosts in a genogram, if not dealt with, may have enormous power over a family, even for those unborn at the time of the loss.

Pam Klainer (unpublished manuscript) described in her memoir about her childhood loss of her father and its impact on her family: “the old, unhealed grief does not dissipate, but lingers, burning its way into my adult experience and relationships.” This is a powerful description of the reality that unmourned losses do not disappear, but do indeed burn their way into future relationships. Very often because of the pain of loss, family members dissociate from the pain, often coming for help with a symptom that completely mystifies them. It is only through detailed history taking that we can help clients make sense of their experience, as in the example of John Freeman (see [chapter 2](#)), who found himself distancing from his wife for no discernable reason. Once we explored his genogram history, he could see that the painful loss of his father’s heart attack just before his own birth was possibly retriggering his reaction, now that he was about to have a child himself.

By examining the multigenerational ripple effects of loss, you can help your clients learn a great deal about how their families operate, what happens when they get stuck, and how they can change these patterns. Loss may strengthen survivors, bringing out their creativity and spurring them on to accomplishment, or it may leave a destructive legacy that may become more powerful if it is not dealt with. Families may go for generations following patterns set up by the losses of earlier generations they know nothing about. Examining the long-lasting and hidden impact of loss may be the most useful exploration for unlocking current stuckness in a family.

Families must reorganize after a loss. There are functions that must be taken on by others. At every life cycle transition and seasonal ritual there are reminders of the loss. The system will require continual transformation to incorporate the memories but also to change the structure and dynamics of the family. When families do not make these changes, they tend to get

stuck in time, rigid in their relationships, and often avoidant in their behaviors.

GENDER AND MOURNING

A major issue in helping families deal with loss is exploring the gender patterns, which over generations have tended to segregate boys and girls, men and women, and hold them back from connecting in times of stress, most of all in dealing with loss. Expectations for men and women in dealing with death differ dramatically (McGoldrick, 2004a). While women are generally free to weep openly, men may deny, withdraw, and avoid their grief, fearing a loss of control. As things are arranged now, it is most commonly women who present themselves—or are sent by their husbands—for depression or other symptoms of distress concerning loss, while men may seem, as required by the rules of our society, to be functioning well and in no need of help for themselves.

Men generally take refuge in their work and distance themselves from their wives' open mourning, seeing it as a threat to their need to remain in control. Women may experience their husbands' pulling away as a double loss. One woman, the mother of three sons, said when we met 2 years after the death of the oldest son, "Through my eyes flow the tears for our whole family." She had come to think of herself as crazy, she was treated by her husband and sons as pathologically depressed and hyperemotional, and she had been referred to individual therapy for "her problem." The inability of the father and brothers to cry, talk about their experience, or share their suffering with each other was never labeled a problem, by them or anyone else, until finally the wife, frustrated with her husband's insensitivity, brought him to my office.

This kind of skewed pattern of grieving is the norm in our culture and breeds isolation. Family members who cannot share their experience of loss are kept from one of the most important healing resources: each other. One of the most clinically useful tasks we can perform with our clients is to challenge them to break through traditional gender constraints to increase the family's flexibility in the emotional and physical aftermath of loss. It is important to address this imbalance and encourage families to question these responses in themselves, each other, and in their culture. When one

family member must grieve alone, the pain is that much worse. Interpreting these reactions as understandable, given the indoctrination of our culture that “real” men don’t cry and women are the emotional caretakers, is an important part of helping families come to view their own and each other’s reactions with more tolerance and to take responsibility for modifying their dysfunctional responses.

In helping families to mourn we should actively work to expand the links across gender and generation, challenging the traditional supports that so often limit family connectedness.

Of course you don’t want to lecture families about gender issues, most of all at times when they are struggling with difficult issues such as loss. So the primary route to opening up gender discussions is with questions about the three-generational genogram in terms of mourning.

- ▲ How did your father deal with his mother’s death?
- ▲ Were there things you wish he had shared with you or others about that loss?
- ▲ How do you want your son to deal with things when you die yourself? And your daughters?
- ▲ How did your mother grieve?
- ▲ Many men find it difficult to show emotion. Has that been an issue for you? Was it an issue for your father?

Caretaking of the dying has for centuries been seen as a women’s responsibility, with all the difficulties this creates in sibling relationships, such as sisters’ resenting brothers for not sharing in the burden of care, even though sons often get preferential treatment in the will and in the parents’ affections. At the end of the life cycle sisters are especially likely to be a major support for each other or even to live together. Older women are especially likely to rely on their sisters, as well as their daughters and even their nieces, for support. But for men not participating in this caretaking, like not participating in childcare, weakens their overall human connectedness and leaves them more vulnerable to isolation.

It is essential for therapists to be proactive in encouraging brothers as well as sisters to maintain sibling connections, especially in times of loss, since it limits family strength if women are the only ones concerned about maintaining family relationships.

It is our job clinically to raise questions that diminish gender-role splitting so that all family members can experience their own grief and be supportive to one another in adapting to loss. The goal is for all family members to share grief, mourning, and care of the dying, which are essential concomitants of the ability to experience intimacy. Facing death provides an opportunity for men to challenge our culture's barriers of dissociation and emotional distance and to get in touch with their humanity.

CARETAKING GENOGRAMS

To understand the politics of caretaking around loss, it can be useful to create a caretaking genogram, indicating which family members have participated how in whatever caretaking has been needed. I did one for my own family a few years ago (McGoldrick, Gerson, & Petry, 2008), which indicated that virtually every member of my parents' and grandparents' generations had required long-term caretaking. Virtually all of it was done by women. The most important lesson for me in that was that in the next generation of my family there are no daughters, so unless we socialize our sons to be different or treat our daughters-in-law and nieces very well, there may be no one to do the caretaking for our generation. It can be helpful clinically to show families their genogram to help everyone pay attention to the overburdening of caretakers and to acknowledge the potential burnout of those who do not get support or resources for their efforts.

It can also be helpful to show family members, through the visual of their genograms at particular moments in time, how the caretaking required may have affected the family. In my own family, there have been a number of different times in my life when caretaking issues were primary. The losses were not untimely, so the effect on the children was minimized, but the strain on women was extensive, probably affecting triangles elsewhere in the system. During her first caretaker phase as a parent, my mother had much responsibility without much power. During the same years she had to care for her parents and her in-laws, she was caring for us and for my father. I see now that this first period of caretaking in my mother's life was a time of great strain in our relationship. I can now appreciate the enormous stress she was under.

Later she became my father's caretaker when he suffered a serious stroke. At that point she had responsibility combined *with* power, as she now controlled the family finances. She became more loving and less defensive, in spite of her burden. During this second major caretaking period, not only did her role change, but because her power in the system also changed, she became an effective leader for us all, where previously her leadership skill had been seriously circumscribed by her role as "wife." It was only by exploring these caretaking patterns, in relation to gender, power, and the life cycle, that I could make sense of many of the dynamics in our family. Doing caretaking genograms for my own family has also greatly increased my sensitivity about future caretaking. If we attend to those we may need to care for and those who may be there to care for us, we may be more thoughtful in guarding our interpersonal relationships.

DYSFUNCTIONAL ADAPTATION TO LOSS

When the process of mourning becomes blocked, relationships tend to rigidify, families close themselves off as if time has stopped, and their feelings become short-circuited by various forms of denial (see McGoldrick, 1996 and *Facing Unmourned Loss & Trauma: Building Resilience*—www.multiculturalfamily.org—to stream selections from the video go to www.psychotherapy.net/McGoldrick). These patterns must be assessed as part of any clinical evaluation.

When families cannot mourn, they tend to become locked in time—in dreams of the past, in the emotions of the present, or in dread of the future. They may become so concerned about potential future losses that they are unable to engage in the relationships they do have, fearing that to love again will mean further loss. Others focus exclusively on their dreams of the future, trying to fill in the gap left by the loss with new relationships formed on fantasy and escape from the pain. Usually those who cut short their mourning by rushing toward other relationships find that when the dreams give way to the realities of the new relationship, their pain comes back to haunt them. Problems that families have in other developmental transitions, such as marriage, the transition to parenthood, or launching their children, often reflect this stoppage of time, resulting from unmourned losses.

Sometimes the family rigidifies and closes down entirely, with an inability to attach to anyone. If survivors draw in other family members to replace the dead, their relationships may appear stable if somewhat rigid. This may work until the replacement person expresses any individuality, which makes apparent that s/he is not the dead person. This can then trigger a delayed reaction, even long after the original loss experience. When families are unable to accept a death, they tend to develop fixed ways of relating to handle their fears of future loss. Another indication of denial is a family's unwillingness to make any changes following the death. They may make the dead person's room into a memorial or mausoleum, refuse to dispose of items, or change anything in the home at all.

Losses may also become buried, the rigidity surfacing only years afterward, when the family has trouble making later life cycle transitions.

Donald Bell (Figure 7.1), a 56-year-old African American scientist, sought help for his 88-year-old father, Oscar, whom he described as depressed. Donald wanted help for resentment he had over dealing with his father for the previous 6 years. He described in great detail the efforts he had had to make to help his father from the time the mother had become ill and eventually died 4 years earlier. Donald was an only child who had grown up in Philadelphia, the son of well-educated immigrants, his father from Jamaica, his mother from Trinidad. Donald had moved to New Jersey 8 years earlier at age 48 to marry a woman he had met a few years before at a conference. He described his parents as highly intelligent, educated, and sophisticated people whose home in latter years had become run-down and cluttered to the point of being almost uninhabitable. He had tried to visit them, but they were independent and would not let him help with anything. At a certain point his mother had a fall and was hospitalized. Donald tried to intervene to help both parents, but the father seemed to prefer letting various neighbors help him and refused Donald's help.

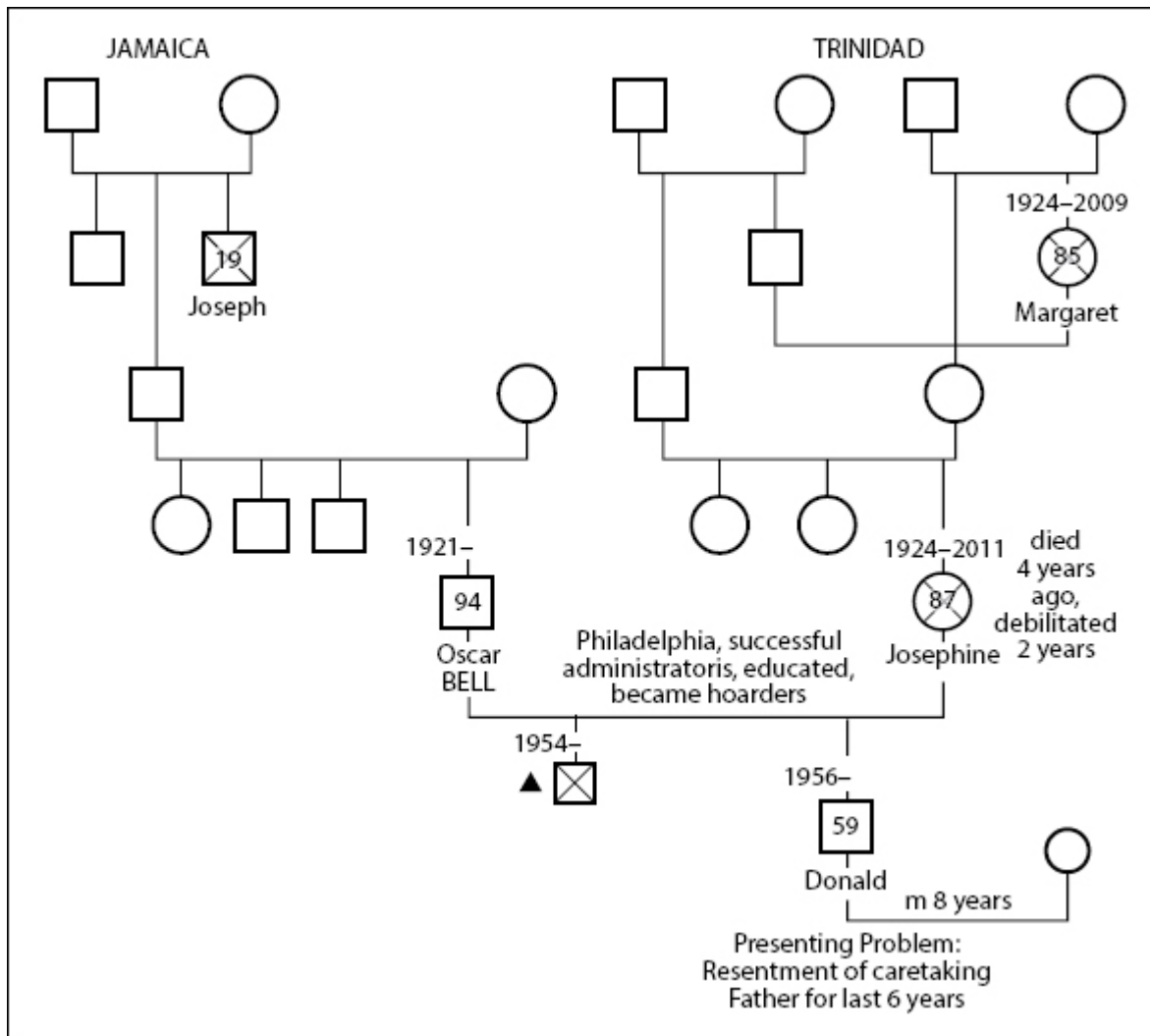


Figure 7.1: Donald Bell Family

As I asked genogram questions, I learned that both parents had been youngest children with masters' degrees who had had career administrative jobs in non-profit agencies. When I asked about other siblings, Donald told me that he had learned only a few years ago from an aunt that there had been an older son born before him, who had died shortly after birth. He said his parents had never spoken of this, and he was mystified as to why they had kept such a secret.

As his mother's health deteriorated, the father seemed to come even more under the influence of his neighbors and was increasingly distant from Donald. Once the mother had died, Donald suspected the neighbors were taking his father's money or convincing him to marry his housekeeper. Through many efforts Donald had arranged for his father to move to New

Jersey, although initially the father had refused this idea and gone to a retirement community in Philadelphia. It was only with careful accounting, diligence, and a year of hard effort that Donald regained control of his father's finances and moved him to New Jersey, where he could more easily oversee the father's care.

Although he managed to save the father from giving away all his money, Donald could not get past the bitterness he felt for the time he had had to invest in helping his father straighten out his finances and come to appreciate that his son was trying to help, not undermine him.

Donald said his real problem was how to overcome the resentment he had built up over the years that his father was "under the spell" of the housekeeper. We agreed to invite his father in for several sessions, during which the father reviewed what had happened with his wife's illness and death and his coming under the influence of his housekeeper and her friends. He said he had been so devastated by the loss of his wife that he had not been himself for several years.

Gradually we opened up the issue of Donald's earlier relationship with his parents and of the first son. The father said he and his wife had grown up believing you should be strong and not give in to "weakness," such as the pain of loss. Donald recounted that his grandaunt, Margaret, had been the one who told him a few years earlier about the existence of his older brother. He had come home and confronted his parents with her story about his brother. His father sat silent in the chair and his mother went into her bedroom and cried for 2 days, not even eating. After the 2 days she came out and never mentioned the loss again. Donald began researching the family's history and got the records of his brother's birth and death. In our sessions he questioned his father about the parents' silence for so many years regarding his brother. I questioned whether perhaps such a painful loss had made the parents feel they could not really invest in their second son for fear of losing him as well. The father found it difficult to say anything at all on the subject.

As Donald thought about the situation, he concluded that his parents must have had a pact of silence around the brother, which contributed to their isolation as a couple and eventually to the father's inability to function once his wife was gone. We discussed the idea of opening up the issue now and perhaps doing something to memorialize the dead brother, who had not even been named or given a gravesite.

The father said he wanted to think about coming up with a name and to talk over with his son how to how they could memorialize the lost child. It was the most initiative the father had taken since our meetings began. Donald said he felt a great weight was being lifted off him; his resentment was melting away. However, within a couple of weeks the father closed down again and said he wanted to have no more conversation about his first son. He refused to discuss the issue. Donald, however, once freed to realize what the silence had cost him, decided to develop a memorial for his dead brother himself and proceeded to do so, giving his brother the name Joseph in honor of his mother, Josephine, and his father's uncle Joe, a young man of great promise, who had died at 18 of typhoid fever. Donald decided on the memorial of a scholarship in the brother's honor, since he had not lived to get an education, and because Donald knew both parents valued education highly. Donald said that deciding to create the scholarship freed him from the constraints the family had been living under since their first baby died. Donald felt he could not change the past, but by recognizing his parents' shutdown about his brother, he could change the pattern of silence around loss and perpetuate his brother's memory. At the same time, he was able to overcome his resentment about his efforts on behalf of his father by appreciating the pain his parents had felt, even as he was choosing a path of acknowledgment rather than silence about the past loss.

On follow-up, the father had begun to share responsibility for creating a memorial to the brother and was beginning to talk about what his son's loss had meant to him and his wife. He was proud of Donald's memorial scholarship for his brother, Joseph, a name the father now began to use.

FAMILIES USE DENIAL OR ESCAPE

Many of the dysfunctional patterns we routinely observe in families—affairs, driven activities, alienation, isolation, fear of outsiders, continuous relationship conflicts, depression, workaholism, escaping into TV or the Internet—often reflect the inability to deal with loss, which has finally become the inability to connect with anyone out of fear of further loss.

Families often create myths to disguise the shame of a traumatic loss, such as a suicide. They then require ongoing family collusion to maintain the cover-up of the real nature of the experience. Such myths tend to expand

over time, incorporating more and more of the memories about the loss, so that increasing areas become off-limits in the passing on of history to the next generation. Such myths naturally affect children, who often become replacements for family members who have died, even though they may be totally unaware of the connection. People may develop serious emotional problems when they have been raised as stand-ins for the unburied ghosts of the past (see *Facing Unmourned Loss & Trauma: Building Resilience* video, www.psychotherapy.net/McGoldrick). To become free to be themselves, clients need to discover the mystery behind their identity and to “exorcise” the ghosts of the past (Paul & Paul, 1989; see video: *Facing Unmourned Loss & Trauma: Building Resilience* —available through www.multiculturalfamily.org).

The primary goal of therapeutic intervention around death is to empower and strengthen families to mourn their losses and move on. This entails:

1. acknowledgment of the reality of the death and sharing the experience of the loss. If facts about the death have not been admitted, a therapist can facilitate families in learning the facts and accepting the realities, to begin to put the loss in context.
2. helping families regain a sense of their movement through time from the past, through the present, and into the future.
3. reorganizing the family system as needed without the lost person and with the necessary functions being managed.

Sharing a loss may involve funeral or memorial rituals, however belated, and other experiences through which families can share the mourning, anger, pain, regret, lost dreams, guilt, sadness, and missing of the dead person. This sharing may evolve through joint storytelling about the life and death of the dead person, which can help the family integrate the loss experience into their lives by promoting their sense of familial, cultural, and human continuity and connectedness. The very experience of telling the genogram story can detoxify previous losses and give children a more secure awareness of their history. To develop a sense of mastery and the ability to survive a loss, family members, especially men, may need encouragement to open up relationships with the living and learn more

about their family overall—its history, its cultural background, and the perspectives and stories of different family members.

When families have become stuck in moving beyond loss, it is helpful to expand the context within which the loss is viewed. One of the most difficult aspects of denied or unresolved mourning is that it leaves families with no narratives with which to make sense of their experience. If events cannot be mentioned or if the family “party line” around traumatic loss cannot be expanded upon, it is almost impossible for family members to make sense of their history altogether, and it gives the next generation no guidelines for integrating later losses. Therapy can aid families to create narratives that facilitate and enhance their integration of the loss.

HELPING FAMILIES MAINTAIN SOME SENSE OF CONTROL

Our culture’s denial of death means that we generally do not discuss how we want to die and or to be memorialized. A great many people make no will at all, in spite of the extreme hardship this omission can have on survivors. Death is a very private experience. It is easy for personal aspects of death to get lost in rituals and customs determined by the medical establishment, religious institutions, or funeral homes, who have had no connection to the deceased or their families. Very often family members’ primary memory of a funeral is of the sense of alienation they felt at the “eulogy” or comments of clergymen, who did not know the dead person or whose values were totally at odds with those of the family. Anything a clinician can do to help the family reclaim their own mourning rituals can have lasting benefit for the family.

Clinicians can validate families’ experience with institutions in dealing with death so they don’t end up feeling that it is their own craziness that is creating the problems they experience. They can also be helped to channel their efforts to create the situation they want for the dying person.

Ritualizing loss involves three parts:

1. acknowledging and mourning the loss;
2. symbolizing what the family members incorporate or take with them from the lost person; and
3. symbolizing moving on in life.

Helping families construct personally meaningful rituals is an important part of promoting the emotional and structural transformation of the family that loss requires. A toast made at a wedding or an anniversary party or even a eulogy at another family member's death may recall the dead person and help to put him or her back into the context of family relationships. One young man decided to make the family toast at Thanksgiving and gave thanks for the happy memories they all had of his brother's wife, who had died 2 years before in an automobile accident. Such evocations to integrate loss even long after the death can have profoundly healing reverberations for the family. One woman held a memorial service after 25 years for her brother who had committed suicide on his birthday, beginning a process of reconciliation that had been aborted a quarter of a century earlier. Another young client, whose mother had died when she was only 17, was very reassured when at her father's second wedding there was explicit commemoration of his marriage to her mother, his first wife, whose memory she feared was being obliterated.

STRUCTURING THERAPY: MEETING TOGETHER OR SEPARATELY

The question arises about how much to structure therapy in dealing with loss—when to give tasks, when to meet with the whole family to help its members deal with a death, and when to coach family members to deal with their losses individually. The therapist must weigh carefully the level of stigma the family may attach to seeing a therapist against the potential value of having an outsider participating in their discussion of loss. A single long session with family members around a serious crisis may have profound value in changing long-standing patterns by detoxifying buried losses and opening up family relationships. It may become a marker event for the family. Having a therapist present may provide a safety net for some families who do not otherwise dare to discuss painful losses with each other.

On the other hand, there are families for whom the exposure of having a stranger witness their most private discussion adds to the toxicity they experience in dealing with their pain. Where family members are at different stages in confronting a loss or have very different coping styles

regarding their handling of emotion, as when there has been a recent suicide and some feel the need to talk while for others the pain is too raw, it may make more sense to work individually with the family member who is ready and to encourage that person to work with other family members one by one to create a gradual healing process for the family as a whole. Those who are so motivated can be coached to make use of the various family and religious holidays and life cycle rituals that occur over time to integrate the loss (Imber Black, 2016). Family members can also be coached to detoxify the loss in a more private context, such as by writing letters, making visits to the grave, the family home, or to other places of special meaning, or by talking with relatives who have family significance in relation to the loss. Sometimes it helps to have the family members together, even though they are at different points in their mourning, to create a context of trust within which they can bear witness to each other's experience, even if they cannot share it exactly.

CLINICAL QUESTIONS ABOUT LOSS

Questions, as I have been emphasizing throughout this book, are the most powerful tool for expanding a family's understanding of their history, awareness of their current situation, and for empowering them to take control of their future. Are dates of death barely remembered or barely honored? How comfortable are family members in talking about the deceased and the circumstances of the death? Are both positive and negative memories accessible? Consider the dealings with funeral directors, the rituals observed, who speaks at the service and who doesn't—all this information indicates how family members relate, what they believe, what they fear, and what they cherish.

The more information family members have, the more perspective they will gain on themselves and their lives, and the better chance they will have to face the future with openness. The questions we ask about loss can help us to understand the adaptation of previous generations that has set the stage for current family relationships. These questions cannot be asked in isolation. They merely suggest important areas to think about in helping clients gain understanding of their family's loss experiences, as one explores the family's genogram in relation to loss:

- ▲ How did various family members show their reactions to the death?
Tears? Withdrawal? Depression? Avoidance? Frantic activity?
Caretaking of others? Did they talk to each other about the loss?
- ▲ Who was there at the moment of death? Who was not present who
“should” have been? Who saw the dead body and who didn’t?
- ▲ Were there unresolved issues with the person who died? What was the
state of family relationships at the time of death?
- ▲ Who arranged the funeral? Who attended? Who didn’t? Who gave the
eulogy?
- ▲ Was the body cremated or buried? If cremated, what happened to the
ashes? Is there a tombstone?
- ▲ Did conflicts or cutoffs occur around the time of death?
- ▲ Was there a will? Who received what legacy? Were there rifts over the
will?
- ▲ Who goes to the grave and how often? Who mentions the dead and
how often? What happened to the belongings of the dead person?
- ▲ Was there any secrecy regarding the circumstances of the death? Were
facts kept from anyone inside or outside the family?
- ▲ What mystification or mythology has been created in the family
regarding the dead person since the death? Has s/he been made into a
saint?
- ▲ What difference do they think there would have been if the dead person
had survived longer? What dreams were cut short by the death?
- ▲ Do family members feel stigmatized by the death? (e.g., a suicide, a
death from AIDS or alcoholism)
- ▲ How have the survivors’ lives been influenced by their relationships
with the dead person? What do they carry with them from this person?
Have any developed personality characteristics reflecting emotional
shutdown such as addiction, manipulation, self-centeredness, or
protectiveness of the remaining family members?
- ▲ What are their cultural and religious beliefs about afterlife, and how
have their beliefs influenced their understanding of the meaning of
their loss?
- ▲ What other beliefs do family members have that may help sustain them
in the face of loss, for example, a sense of survivorship or of
individual, family, or cultural mission?

Obviously, these are just suggestive questions and should always be asked in context, each question following from the client's answer to the previous question. Naturally the clinician should be looking at the genogram while inquiring or even having it on display for the family, so everyone can share in the thought process.

HELPING FAMILIES DEAL WITH UNRESOLVED MOURNING

I often draw on the creative methods of Norman Paul (Paul, 1976; Paul, 1980; Paul, 1986; Paul & Grosser, 1965; Paul & Paul, 1982; Paul & Paul, 1989; see also the video *Facing Unmourned Loss & Trauma: Building Resilience*, www.psychotherapy.net/McGoldrick, video available through www.multiculturalfamily.org), which relate especially to opening families to their buried losses. Paul explored clients' family history for ghosts whose shadow blocked the living, and then worked to "exorcize" them. He homed in particularly on the denied emotional experience of loss, breaking through the walls people have built up, often over a lifetime, as a result of their difficulty mourning their losses. He frequently used video to bring into view hidden aspects of family members' blocked experience. Paul not only filmed discussion of loss and then showed it to other family members, but even used the dramatic technique of superimposing a blown-up image of the family "ghost" over the image of the survivor or replacement, whose life the ghost appeared to have been dominating (for an example of this stream the video *Facing Unmourned Loss & Trauma: Building Resilience*, www.psychotherapy.net/McGoldrick). Through this vivid imaging of the phenomenon of replacement, Paul dramatized the emotional distortion that occurs in families where losses go unmourned. As patients watched themselves on video in double exposure with the deceased "ghost" they would often begin to have emotional associations to their family history that they had previously been unaware of.

I encourage clients to record sessions as well. I suggest they view and think about their genograms and learn all they can about what really happened in their families, not just what they remember, but what they can learn from others.

Paul had clients bring family genogram information to the first session, telling them ahead of time that he was interested in helping them become

more experts on themselves and on the difference between how they think of themselves and how they come across to others. He would have them record sessions and listen to the recordings between times to learn more about themselves. Norman Paul was one of the first and most creative therapists in the development of video techniques to enable clients to experience their emotional reactions to themselves and to each other. He was impressed with how much our memories distort our experiences, especially when things are emotionally charged. His interest was in helping clients become better in touch with themselves so these processes of distortion would not occur or would get corrected and clients could understand themselves realistically.

These insights are precisely the point of using a genogram as a primary framework for tracking patterns in a person or couple's lives. The genogram takes people beyond the distorted memories to the facts of their history, which can help them grapple with the truth and understand the distortions that get in the way of really seeing who they really are and where they have been. Watching their own reactions on video is like attending to the factual information of patterns of connection on a genogram. It confronts clients with the realities of their experience rather than just with their own, perhaps distorted, feelings and memories. Norman Paul himself, for example, was named for an older brother of his mother's, of whom she had been quite jealous. This uncle was drowned at age 19 in an anti-Semitic attack by other young men. There is no doubt that being named for someone who has been traumatically lost is likely to bring forth other deep feelings on the part of parents and other family members, often meaning that feelings from the past sear their way into the next generation's emotional experience, often without their realizing what has happened or what drama they are responding to. For a fuller description of the traumatic losses in Norman Paul's life stream the *Facing Unmourned Loss & Trauma: Building Resilience* video (for complete video go to www.multiculturalfamily.org).

Paul would also send clients to the hospital where a parent died or to the concentration camp where family members were killed to help them get in touch with buried feelings. He had them record their reactions while going through the experience. The aim of these techniques is to differentiate the living from the dead and free clients from whatever sense of "obligation" they might have absorbed about the dead person's legacy or whatever family mythology had developed to avoid the pain of loss. Anything that

helps to put family members in a frame of mind to reconnect with dissociated loss experiences can be helpful in this process. Techniques to use in conjunction with genograms to help families deal with unresolved mourning include:

- ▲ visits to a cemetery;
- ▲ writing letters to the dead or to the living about the dead;
- ▲ looking at old pictures;
- ▲ reading old diaries or letters;
- ▲ sorting through memorabilia and possessions and deciding what to keep, what to pass on to others as keepsakes, and how to dispose of the rest;
- ▲ keeping a journal of dreams, memories and reflections;
- ▲ having discussions with relatives about the loss;
- ▲ watching “trigger” movies or reading books that evoke feelings about intense loss experiences (possibilities for movies might include *I Never Sang for My Father*, *Cria Cuervos*, *Dad*, *Steel Magnolias*, and *Beginners*; for books, *A Death in the Family*, *The Death of Ivan Ilych*, *A Very Easy Death*, *A Grief Observed*, and *Charming Billy*); and
- ▲ listening to music—perhaps the favorite music of the client, the family, or the deceased.

Once family members have overcome the blocks to loss we may help them reritualize the loss by a memorial or rite, no matter how many years it has been since the loss. This entails revising narratives of their history to include the once submerged experience of loss, and reclaiming hidden aspects of the lost person’s role in the family to help them revise their current relationships, which may have become stalled by the inability to mourn.

Families have often underritualized their loss. They may have had no funeral service at all, or only a minimal one, with the family perhaps having no part in designing the ritual. Important family members may not have taken part in the mourning rituals, whether for emotional reasons or because of distance or illness. Families that minimize the emotional experience of loss may be particularly vulnerable to underritualization, which can leave them in a state of emotional limbo for years.

George Cox (Figure 7.2) brought his 9-year-old son, Ben, for therapy because of Ben's withdrawal and inattention at school. George appeared to have no awareness that the presenting problem related in any way to unresolved mourning. In soliciting the family's genogram in the initial session we learned that Ben was 4 when he lost his mother, Anita, who died of kidney disease, after 2 years of deteriorating health.

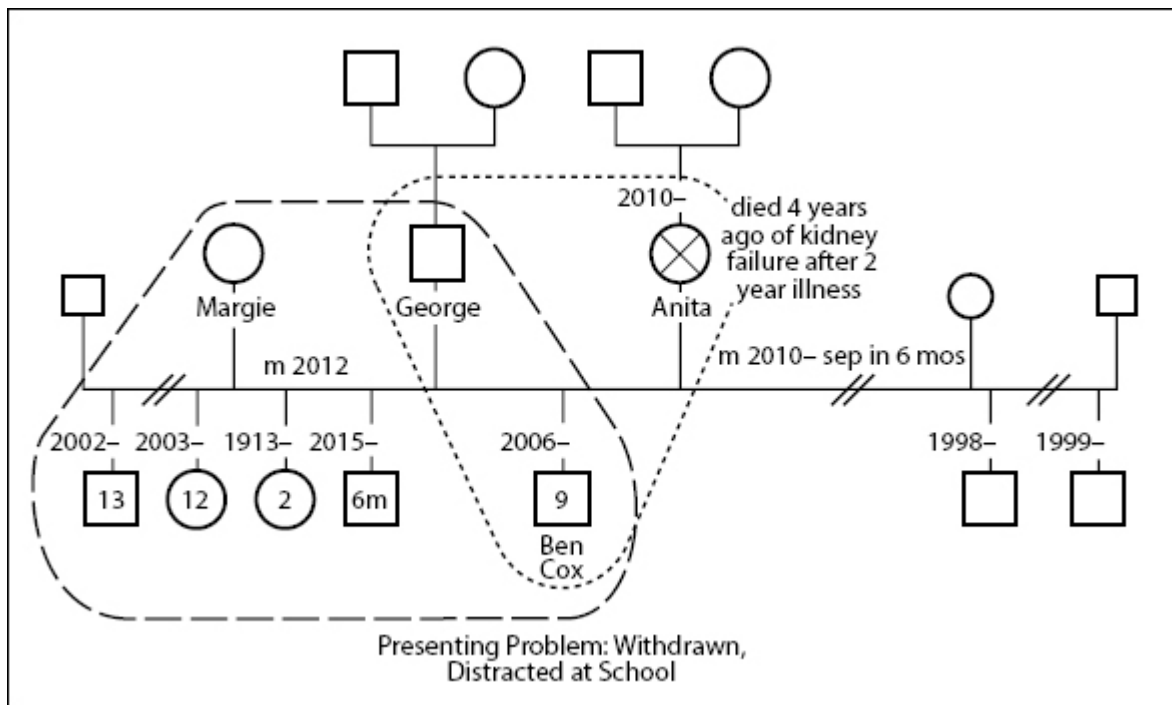


Figure 7.2: Cox Family

George had not included Ben in the funeral, hoping to spare him pain. He remarried almost immediately to a woman who had two latency-age sons, but within 6 months they separated. A year later he remarried again to Margie, who had two children from her previous marriage. Together George and Margie had a daughter, now 2 years old, and a son, now 6 months old.

George said therapy was the school's idea, and that he had no clue why he was there himself. The genogram led us very quickly to the hypothesis that Ben had somehow been "left behind in time" by the death of his mother and was unable to become a part of this new family. We gingerly suggested this, but the father appeared unmoved by the idea.

We were thus greatly surprised when the father began the second session by handing us a letter written by his dead wife. He tried to avoid reading it himself, but we urged him to read the letter to his family, so that

the information became theirs, not just his or ours. The letter was a touching review of his first wife's relationships with all her family, thanking them for the love and support she had gotten from everyone—her husband, her parents, her husband's parents, and even his grandparents. The wife expressed the hope that her husband would remarry, but urged him to be sure his second wife would love Ben as much as she loved him.

She wrote of her dreams for Ben's future and the future of the whole family. The reading of the letter made a deep impression on Ben, who proceeded, at the therapist's prompting, to ask his father for the first time many questions about his dead mother. At the end of this session the therapist suggested that the father and son share a private ritual at home, sorting through other memorabilia from Anita. At the next session Ben seemed much more lively. George talked about how Ben was a living reminder of his first wife, since he looked exactly like her. Father and son became freer in their relationship with each other, and the father soon reported that Ben was getting along better with his stepmother and new siblings.

At times brief interventions can release hidden strengths, enabling family members to face their loss and find ways of their own for integrating their losses. You never know when a client may actually resonate with a suggestion that he focus in on a loss issue as the father surprisingly did in this instance. It was almost as if he had been waiting over the years for a way to bring forth his wife's message to his son and never knew how to do it. He had, as it turned out, read the letter several times to his wife Margie. We do everything possible to help parents create the rituals to help children deal with parental loss, since it strengthens their relationship in the present, while acknowledging the realities of the losses of the past.

UNCOVERING BURIED LOSS

Often the first issue clinically is to demonstrate the family history's relevance to the presenting problem and to overcome the resistance a client may have to "opening up old wounds." While occasional magical moments do occur in therapy when the "right" question brings about a transformation, more often it is through careful and patient questions and attentive listening that one helps clients see the connections between their

problems and their underlying family relationships, as the following case illustrates.

Henry Grist (Figure 7.3), age 59, a highly successful business executive of Yankee ancestry, sought therapy when his wife, Ann, requested that they stop stalling on divorce after 2 years of separation. Henry had left Ann because he felt their relationship was “dead.” Both he and his wife had one goal: to have their marriage magically repaired, making Henry want to be married again. He claimed that his family of origin was of no interest and found discussion of his genogram irrelevant. It was only through repeated and detailed discussion of the gaps in his understanding of himself and of events and relationships in his family, made evident in individual meetings and in sessions with his sister and with his three grown children, that he gradually became willing to take the moves that unblocked the loss experiences in his family. His parents had died years earlier, his father at 54, his mother at 59. His sister was devoted to her image of Henry as the “golden boy.” She was, as she readily admitted, not enthusiastic about his “rummaging around in the family for ghosts,” but meeting with her helped Henry realize how powerful the “no talk” rule had been in their family. Meeting with his children, who found him frustratingly unemotional, helped him realize, at least in a general way, that he wanted to get in touch with his feelings.

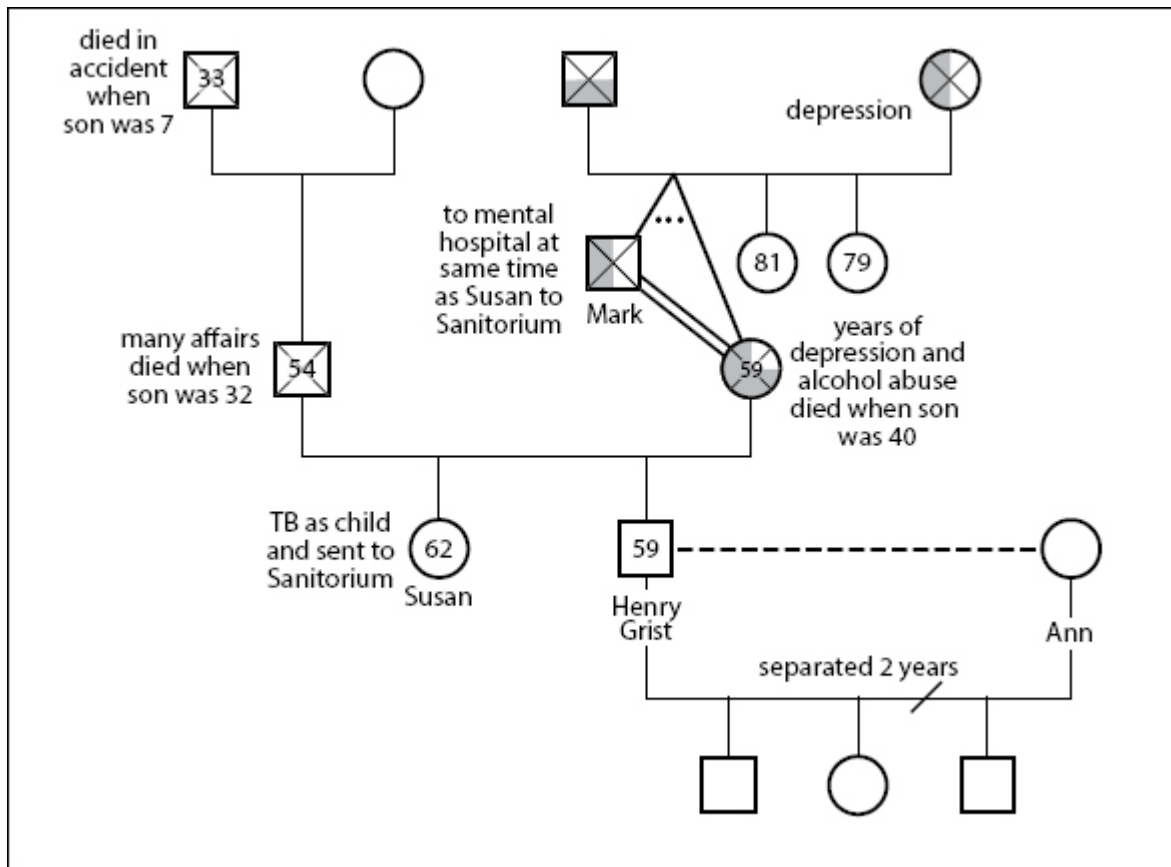


Figure 7.3: Grist Family

After 8 months of therapy, he finally took a trip to his hometown in rural Connecticut and visited the only two surviving aunts of his parents' generation, whom he had not seen for many years. He appeared at the next session elated and loaded down with photograph albums, letters, and diaries his mother had kept throughout his childhood. The meeting with his aunts, the photographs, and the diaries triggered an emotional process for Henry, who was able for the first time to get in touch with his mother's traumatic life and his own painful childhood.

As he talked, he also brought up the subject of his father's death and began to cry about it for the first time in the 27 years since it had occurred. He remembered how he had walked his grandmother up to the casket and how she had moaned repeatedly, "my baby, my baby," as she saw her son, Henry's 54-year-old father, lying in the casket. His only feeling when his father died had been anger at the physicians for their medical errors. Now Henry began to connect with his feelings. He realized his past had been locked up by losses his parents themselves had undergone. He was able to

read between the lines of his mother's diary about the torment she experienced when her much-loved twin brother, Mark, was sent into a state mental hospital at the same time that her daughter, Susan, age 7, had nearly died of TB and had to go to a sanatorium for almost a year. This uncle Mark, who eventually died in the mental hospital, was virtually never mentioned again. Henry could see from the diary how intensely close his mother had been to Mark and what a tragedy his loss was for her. He could see, too, how devastated she was by the near loss of her daughter, Susan. He realized that his mother had seemed to tie up many of her own dreams and those unfulfilled by her husband and her twin brother in her yearning for a closeness with Henry that she was too depressed to achieve.

Getting in touch with these memories, dreams, and reflections freed him to mourn for his parents and then reconnect with his family, who now became a genuine interest for him. He uncovered several "secrets" about his father's affairs and his mother's drinking, both of which had been unacknowledged parts of his family history. For the first time he began to relate to his wife in an honest way, acknowledging to her that he could not fill up her needs, as he had not been able to meet those of his mother.

Henry and Ann eventually divorced, but within several years he developed an intimate and joyful relationship with his second wife, who also embraced his children as he did her children. He became the loving grandfather others could turn to. And for the rest of his life he worked to keep himself open, aware how precious his intimate relationships were for him.

RECENT LOSSES

All families are marked by the shared losses they have endured. At times of loss family members are often forced to deal with each other in intimate ways, which can be particularly difficult if they have grown apart over time. Siblings who have had little to do with each other for years are suddenly forced, under stress, to share wrenching experiences. This has the potential to bring family members together, as they share the hospital watch in the last days and redefine for themselves and each other what family ties have meant to them. But it can also bring to the surface old conflicts. While a death in the family provides an opportunity to rework old relationships—to

risk saying what has until now been left unsaid, to reopen relationships that have closed down—it may instead intensify old hurts. Working with family members in the period following a loss can offer opportunities for helping them reverse this process and change even long-standing dysfunctional patterns.

Katy Pappas (Figure 7.4), granddaughter of Greek immigrants, had been seen for therapy over several stressful periods while in graduate school studying biology. She had become pregnant by her boyfriend while still in high school, married him, and had over the next 10 years been cut off from her father, George.

Katy's mother, who had been chronically ill with cancer for years and was addicted to prescribed drugs, had died of an overdose (possibly unintentional) when Katy was 8 and her brother Tim was 6. The death intensified conflicts that had already existed between George and his wife's family, who blamed him for her death. George had felt impotent toward his wife's family and their money. Indeed, the in-laws had given their daughter the house George and the children were now living in, and the children had inherited it. George felt impotent when his in-laws undercut his authority with his children, giving them lavish presents and telling them not to trust their father because "his lack of success had killed" their daughter. Both children had begun to rebel against George at a very early age.

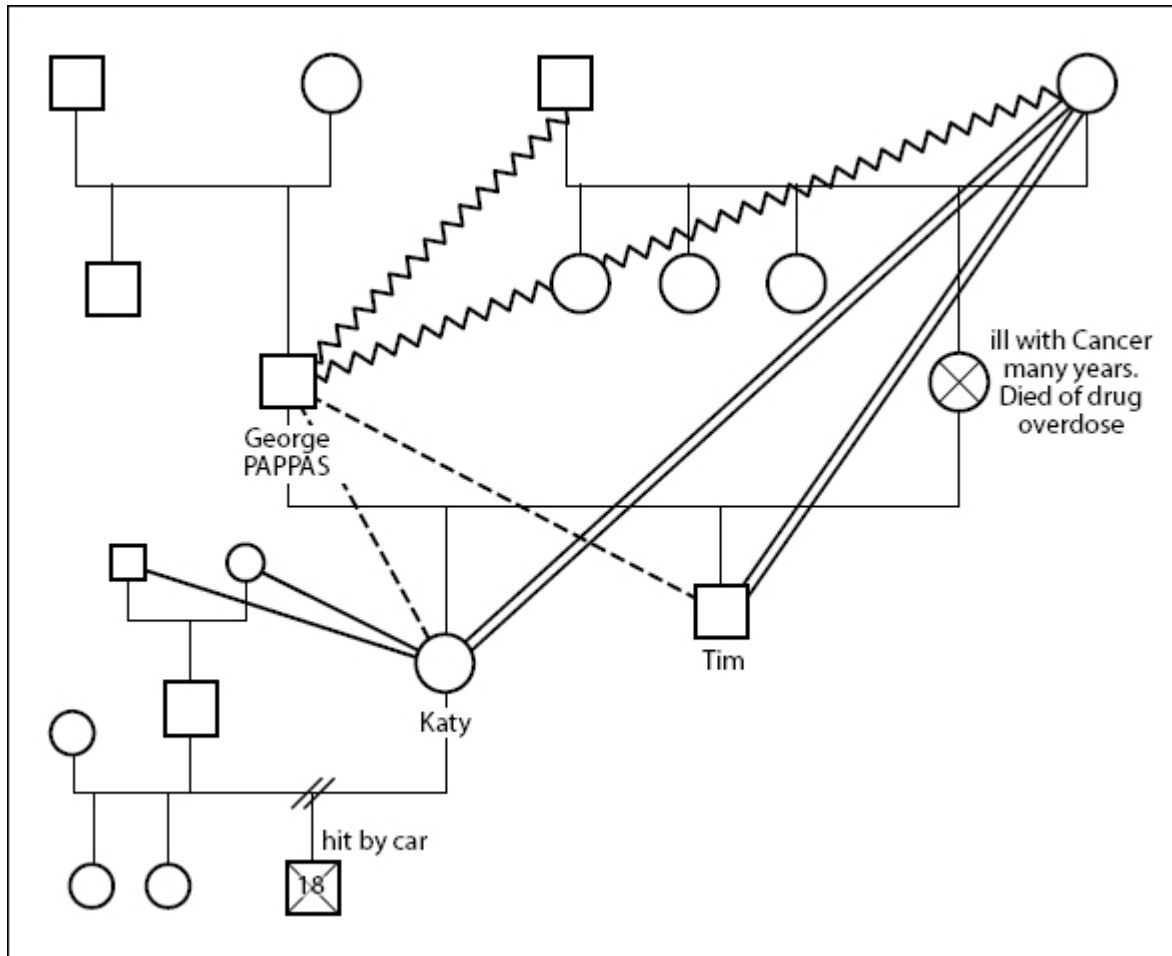


Figure 7.4: Pappas Family

Though her father cut her off for her rebelliousness, Katy managed, with the help of some inheritance from her maternal grandfather and support from her husband's family, to put herself through college and to begin graduate school. At this point her husband left her for another woman. She entered therapy for this loss and problems with her son, who was now an adolescent. She had made her husband and his family into a replacement family, and now she felt not only the loss of this support but an added sense of betrayal.

During the course of therapy I helped her repair the cutoff with her father, giving him back ownership of her half of the family house. She was also able to strengthen the relationships with her mother's sisters and her maternal grandmother, who was still alive. She made efforts to have a working co-parental relationship with her ex-husband and to stay connected to his family.

Unfortunately, just at the point when she finished her program, her son, who was about to begin college, was killed in a car accident with a friend who had been drinking. Because I knew her well, I was in a position to coach her through one of the most difficult experiences a person can endure, the death of a child. She had to deal not only with her own overwhelming grief but also with the conflicts and cutoffs between her father's and her mother's families and with sharing the funeral experience with her ex-husband and his second wife and children, who also viewed themselves as her son's family.

She was even able to deal with her son's friend, who had not been hurt in the accident, and with his family. This was particularly difficult because, given the ambiguity of the death (reminiscent of the ambiguity of her mother's death years before), she found it hard not to blame the friend.

Because of the reconnection that had taken place between Katy and her father during her earlier therapy, he was now able to be the father to her that he had not been when her mother had died.

When Katy told him how painful it was for her to love both him and her mother's family and have them not speaking to each other, he took responsibility for his relationships with his in-laws. He made a point of speaking to them all at the funeral, sympathizing with their distress, and mentioning his dead wife in the conversation. This was part of an important healing process, not only for him but for the whole family, and was the most important gift he could give to his daughter, enabling her to get support without having to struggle with loyalty conflicts toward her own family.

In the months after the funeral Katy was able to go to many of her relatives and talk not only about the loss of her son but also about her mother in a way she never had before. She learned that it had been her mother's dream to become a scientist. This gave her a sense of continuity in fulfilling something for her mother, a connection that had particular meaning as she struggled to make some sense of her son's life being cut short. In this process, she managed to take control of her experience in ways that were very important for her.

This painful and tragic loss of her son enabled Katy and her family to focus on and intensify a healing process that had been short-circuited years before. Just as one loss can compound another, one healing experience can include or incorporate another.

Dealing with this loss also involved helping Katy develop a sense of survivorship and some context within which to integrate the loss. Families that have experienced many untimely or traumatic losses may have a sense of doom or even of being cursed, but the therapist can help them review their genogram so they can find other ways to put their family history together to remove this sense of powerlessness against forces of doom and see themselves as survivors and as pioneers in creating their future.

FACING AMBIVALENCE

Loss in situations where the relationships have been ambivalent may be particularly difficult to resolve. Interventions aimed at validating the ambivalence and encouraging the survivors to face the full range of their responses may help to prevent years of cover-up around the realities of the loss.

Margie McNeill (Figure 7.5) sought help shortly after the sudden death of her 61-year-old husband, Joe, of a heart attack. Initially she described her husband as a strong and sensitive man, beloved by everyone. She portrayed herself as the sidekick who could not figure out how to continue now that her husband, the center of the family, was gone. It was some time before she mentioned that her husband had “perhaps” been an alcoholic. This did not fit at all with her previous descriptions of their life together. She was clearly struggling with divergent images of him.

Reminding her of the cost to a family of idealizing their ghosts, I suggested she write an objective biography of him with all the warts. Her response to this exercise was a dramatic 15-page history, frankly describing his drinking, his changes over the years, the many things they never talked about, their misunderstandings, his avoidance, his humor, their intimacies—the whole complex relationship. It was a touching and profound document. Her private ritual helped her clarify the meaning of their marriage within their family. She reported that her son had asked her what she was working on when he saw her writing and asked if he could read it. She calmly said she would prefer not, that it was a private document she was writing about her husband for herself. He respected her boundaries and did not pursue the matter; it was as if clarifying the marriage somehow helped clarify family boundaries as well. She later said it helped her decide what changes she

needed to make in her other relationships with her children and with her siblings. It did not take away the loss, the pain of missing Joe or the missed opportunities of their relationship. But owning the truth of it strengthened her to look forward and consider what changes she needed to make in her other relationships.

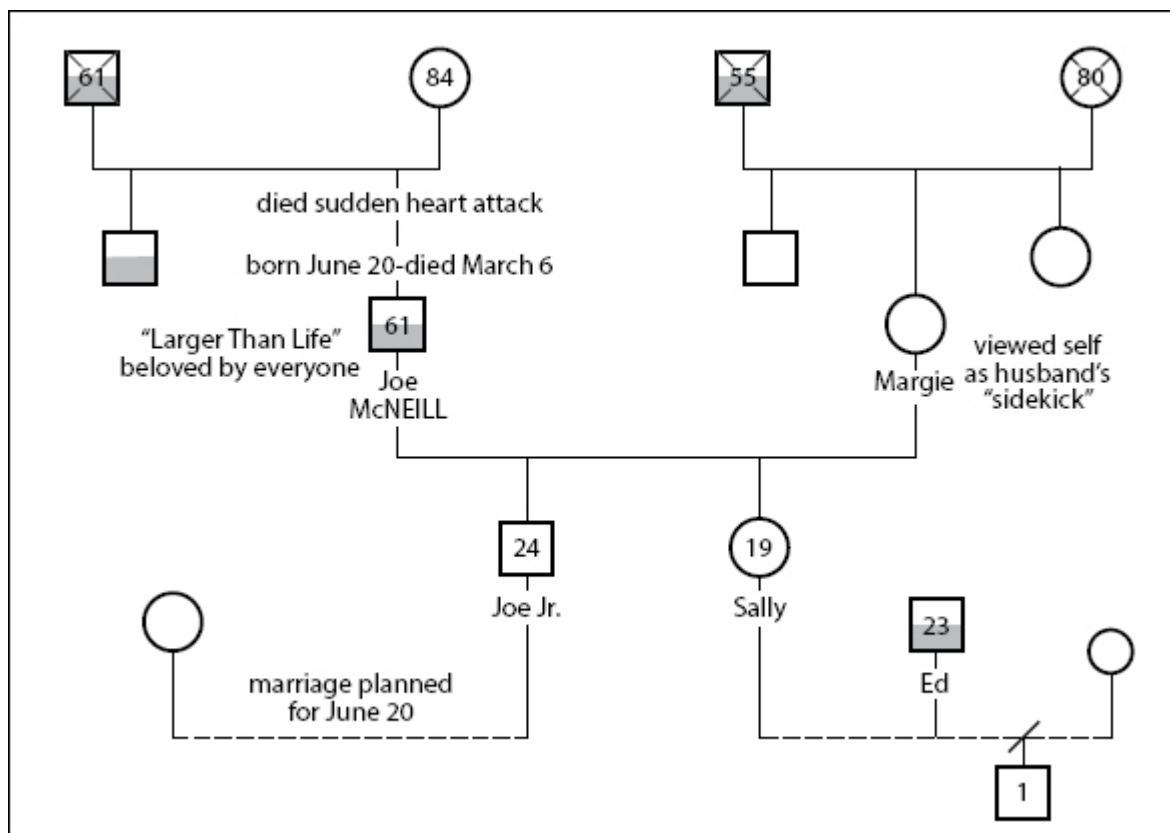


Figure 7.5: McNeill Family

For example, her son had decided to get married on his father’s birthday, the year after the death. The family had agreed to this arrangement, but Margie had found herself resenting and scapegoating her new daughter-in-law as “superficial” and not “fitting into” the family. She found herself gossiping with her own daughter about this new daughter-in-law’s insensitivity to their family’s mourning, intentionally making her entry into the family difficult.

Once she confronted her own marriage honestly, she recognized that part of her resentment had to do with the choice of her husband’s birthday for the wedding. She had the choice of challenging her son about the date or finding a way to make peace with her son’s choosing that date to marry.

Through her own rethinking of her husband's role in their lives, she realized that she could also rethink the meaning of Joe's birthday. She could appreciate that her son was giving new meaning to his father's life by expanding the meaning of the father's birthday to be his own wedding day. Once Margie was able to make a conscious decision to change her interpretation of the son Joe Junior's choice of wedding day, she became able to modify her behavior toward her new daughter-in-law, who, with her new perspective, turned out to be a positive addition to the family. She turned out to have some of the very best traits of Margie's husband, especially her sense of humor.

With her 19-year-old daughter, Sally, Margie had a different problem. She had always identified greatly with Sally, who was very smart but shy and seemed to lack confidence. She had been accepted at a leading college, where she had become involved with Ed, 24, who seemed, like Joe, to have a larger than life personality and a drinking problem. Ed had dropped out of college and had had a baby with someone he barely knew. With few resources he now had the responsibility of supporting this baby and himself. Margie had become very anxious about this relationship, overinvolved with the ins and outs of Sally's relationship with Ed. Once she wrote the honest letter to herself about Joe and her life with him, she became better able to back off from Sally and her relationship with Ed, working on the concept that Sally was smart and would figure out what to do with her life for herself; the best help Margie could give her would be to make sure her own relationships were in good order.

VALIDATING THE NEED FOR HEALING RITUALS

Where families have not been able to complete their rituals because of cultural disruptions of migration or family problems, therapeutic suggestions that affirm the multiple layers of genogram connections can validate their need to mourn and free them to use their creativity to restructure and strengthen their families with healing rituals.

Fred Douglas, a 42-year-old African American, had sought therapy with his wife for their middle daughter, who at age 14 had become pregnant. Therapy focused on various family conflicts and cutoffs, as well as on Fred's deep attachment to certain members of his extended family, which

were preventing him from setting appropriate limits on their taking advantage of him. He had experienced multiple losses while growing up in an inner-city ghetto, from which he had struggled hard to escape. During therapy he learned that his stepfather had died suddenly and his half sister arranged the funeral before he could get there. Fred came to the next session in considerable distress, not only because he had missed the funeral but because one of his brothers had been angry with him for years for not telling him immediately when their father had died many years earlier. As we went over his history, we discussed the disruption of family relationships following other losses. I encouraged Fred to think about what he might do to “right the wrong,” to mourn the loss of his stepfather to whom he had been very attached and repair the relationship with his brother which had been distant for years, ever since their father’s death years ago. Validated to think about this, he immediately came up with a plan to take a trip with his brother to visit the town where their father had lived, to see the home, and to visit the grave, and to visit the stepfather’s grave as well. We also discussed how he could prevent his anger at his half sister from festering into another cutoff, of which his family already had far too many. He readily agreed that going to visit her and her family to “discuss old times” might be all that she would need to keep the lines of communication open. The two brothers visited the sister while traveling to their hometown, and it did indeed strengthen their closeness as the sister shared many new insights about the stepfather.

THERAPY AT TIMES OF IMPENDING OR THREATENED LOSS

The time of impending death may be an excellent opportunity to mobilize families to resolve long-standing issues on their genograms they may otherwise resist. Death may help them reorder their priorities and complete their unfinished business. Clinicians can facilitate this process by urging family members, through past-and future-oriented questions, to explore family patterns on the genogram and by empowering them to take more control of their current relationships. They can be helped to think through carefully what they want to communicate to other family members to heal past hurts and put their emotional house in order, how they want to spend

spending sleepless nights ruminating about his patients and the mistakes he might have made with them. In doing his genogram I learned that he was the youngest of three brothers. His middle brother, Joel, a lawyer, had been diagnosed 3 years earlier with lymphatic cancer and was not doing well. Joel was simultaneously going through a stormy divorce involving bitter conflicts with his wife over the children. He had recently been forced out of his law firm because of the time lost from work for his treatments. He was refusing to talk to his parents, whom he felt did not understand him. Both Peter and Joel viewed their oldest brother, Hank, a wealthy plastic surgeon, as “obnoxious and self-centered” and were totally alienated from him. The only person in the family Joel was in touch with was Peter, whom he called almost daily for advice and support. The two brothers were extremely close. Peter told Joel that if the time came when he could not get around and needed care, he could come to live with Peter’s family and would not be alone.

Now, however, Peter was feeling pulled between his parents and his brother. His parents were becoming more and more distraught about Joel’s refusal to communicate with them and were constantly pressuring Peter for information about Joel. Neither brother kept in contact with Hank. Nor did the parents ever pressure Hank as they did Peter. Peter’s worry about his patients seemed to be a displacement of his anxiety about Joel’s anticipated death. He felt he could not handle his parents’ distress over the cutoff with Joel and their fears of his dying. With this in mind I suggested inviting Joel in for a session.

In the session Joel said his parents were not even on his list of priorities. He spent a good deal of time talking about his ex-wife and her relationship to his parents before he could focus on the much more relevant issues of his own relationships with them.

Joel and Peter were in agreement that, long before Joel’s illness, Peter, though the youngest of the three brothers, had become Joel’s caretaker. They could not explain why Hank had not had this role and described him as a spoiled bully since childhood. Joel, they agreed, had been sickly as a child; he said his parents always treated him as if he weren’t smart. Peter said, “I can even remember as children when we went to the movies, I would be given the money to pay for our tickets.” Joel became irate at these memories. I then confronted him about his current behavior.

MM: It sounds like having been treated as weak would leave you never wanting to be vulnerable to your parents, so now in your ultimate vulnerability, I could see it would be very hard to admit anything to them. It's curious that things are so cut off with your parents and Hank, but you're extremely in touch with what you feel about Peter. The two of you are so connected. Do you think that when you die your parents will feel like they failed?

Joel: I can't imagine why.

MM: I think that must be what they feel already. They try to love you and they don't know how to get through to you.

Peter: They're real angry at him for treating them so shabbily. They don't tell him, but they tell me that. Because you don't tell a guy who has a terminal disease that you are angry at him. I think there is a lot of feeling that they failed. They have a son who they think doesn't love them, and I think they feel that it's a real failure on their part—especially Mom, who is the typical mother. She never had anything other than her children. Whether she did it right or wrong, a lot of heart went into it.

MM: Well, I would guess they must feel they have failed already, but then for you to have a terminal illness and not let them do anything, it's like saying, "Not only did you fail me as a kid, but I won't let you make up for what you didn't do then."

Peter: You mean he's getting back at them?

Joel: I just never really looked at it like that.

Peter: You think you're getting even, Joel?

Joel: I must be angry at them. I guess I would have to be. But really, I think it's all my ex-wife's fault, because she never liked them and she used to criticize the way they treated me. And for some reason I always believe everything that bitch says. I could never get mad at her.

MM: Maybe your wife has a point. Maybe she was just feeling your feelings for you. You must be absolutely furious with your parents if you won't let them make up now for whatever they didn't do before.

Joel: I can't get in touch with that. The thing that bothers me is that you said my wife might be right about something.

MM: Well, maybe she's not . . .

Joel: I feel better already! I have a big hang-up on that. I think deep down I'd like to be able to talk to my parents and I don't think they . . . I don't know what I think. It's all really confusing. I haven't really spent a lot of time working on this. It's not even on the list of my priorities right now. It's way on the bottom.

MM: Well, it seems to me that at some level it might be pretty important to you, but we're really here about your brother.

Joel: Yeah. He's footing the bill. How can I help Peter by doing things with the rest of my family?

MM: Well, I think you won't let your parents make up for any wrong they may have done you. And because you won't let them in, and Peter is aware of that and also aware that you have a lot of needs that they could share with . . .

Joel: You mean it would take some of the burden off Peter?

MM: Yeah, so in some ways maybe you're also taking it out on him.

Joel: I guess it would be nice to do something, if it would make Peter's life easier.

Peter: Well, that's real easy—just straighten your relationship with Mom and Dad and then start working on Hank. It's really simple.

Joel: Hank! He's not even on the sheet of paper!

Peter: Oh, yes he is, absolutely.

Joel: Well, maybe I'm just selfish, but I just can't get concerned about the family's concerns now. I don't know.

Peter: But the way it's being put to you is not to get concerned about their concerns but just to get me off the brink of a nervous breakdown . . . I think I really have been on the verge of being a basket case, when any other time I would have been able to handle a case like this.

Joel: But when I get panicky it never occurs to me to call my parents. I think I would call a stranger first. It's so foreign to me.

Peter: Is it so foreign that you can't do it?

Joel: I'm obviously going to have to do it. I'll have to put signs all over the house.

MM: Well, I think the issue is just exaggerated by your illness. That brings things into focus. It's like, in your eyes, they failed you, and now that you're dying that focuses the unresolved feelings in the family. If they think you may die soon and that they failed and can't get to you to make up for it, they must feel terrible. And instead of pressuring you, they pressure Peter.

Peter: It's like it's all happening at high speed. That's a lot of it.

Joel: Well, any formulas, I love formulas—give me a formula I can plug into it.

Peter: Joel wants an answer.

MM: Well, one thought I have is that we could meet with all your family.

Joel: Oh geez!

Following this session Joel called his parents and began talking to them. Having been helped to confront his own part in his family relationships and to sort through his life priorities in the session with his brother, he knew it would be important to Peter for him to reconnect with his parents. The parents were enormously relieved. To their surprise Joel even began agitating for a family reunion the following summer. Later we did have a family session in which the parents reviewed the early family history, reminding Joel about the seriousness of his childhood asthma and learning disabilities. His perception of them as the villains of his childhood was shifted into a realization that they had indeed had great faith in his abilities, even when he was having little objective success in school.

The reason it is so important to help family members go through this process of unpacking their relationships is because loss and other traumas so commonly create situations where family members cease to talk openly with each other. Childhood misunderstandings and hurts can become fixed and fester for years, breeding further distortion until the air is cleared by open discussion.

The next step in therapy involved exploring Hank's exclusion from the family, since he seemed a prime candidate for a further cutoff if Joel died. The parents said that Hank had been born shortly after the maternal grandfather died and the grandmother moved into a third-floor apartment in their home. Hank, who was named for his paternal grandfather, became his

grandmother's child, with all the special protection that entailed. She took him everywhere and showed obvious preference for him, probably as a replacement for her husband, and he came to spend most of his time on the third floor with her. It almost seemed that the couple had given Hank to the grandmother to help her in her grief and to prevent her from intruding on their nuclear family by having someone of her own. I reframed Hank's role from bully to sacrificial lamb. A relabeling process began, in which over time his exclusion was modified and he and Peter became closer, hoping they could support each other when Joel died. In repairing their relationship Peter learned to his surprise that Hank had always felt rejected by the parents and that grandma was his refuge from the rejection, not his first choice.

WILLS AND LEGACIES OF LOSS

When families have battles over a will or conflict over legacies, it always makes sense to go back to the genogram and explore the relationships that preceded the death. Unresolved family issues often become focused on conflicts over wills, which reflect two primary issues: who did more and who was more loved by the deceased. With the death of the last parent, usually the mother, such conflicts often arise, since after this death sibling relationships must stand on their own merits. Cultural relationships will influence how overt this disruptive process will be. Sibling cutoffs that go on for years or even generations are very often traceable to these original, unresolved struggles. If family members can be coached to explore the implications of wills ahead of time, the damage they may create can sometimes be avoided, as in the following case.

Myra Stein (Figure 7.7) sought help for issues around her father, who had been "ornery his whole life," but who was now in a nursing home and becoming increasingly difficult. She felt some conflict with her two brothers over responsibility for the father and troubled by what she feared would happen when the father died and the will was read, since she knew her father had cut her older half brother, Paul, out of the will. The father had divorced his first wife early and had had little contact with Paul, who sought him out as an adult and for a short time went into business with the father. This endeavor had ended in conflict and the father had, for the past 5

years, refused to speak to him, in spite of Paul's many attempts to reconnect.

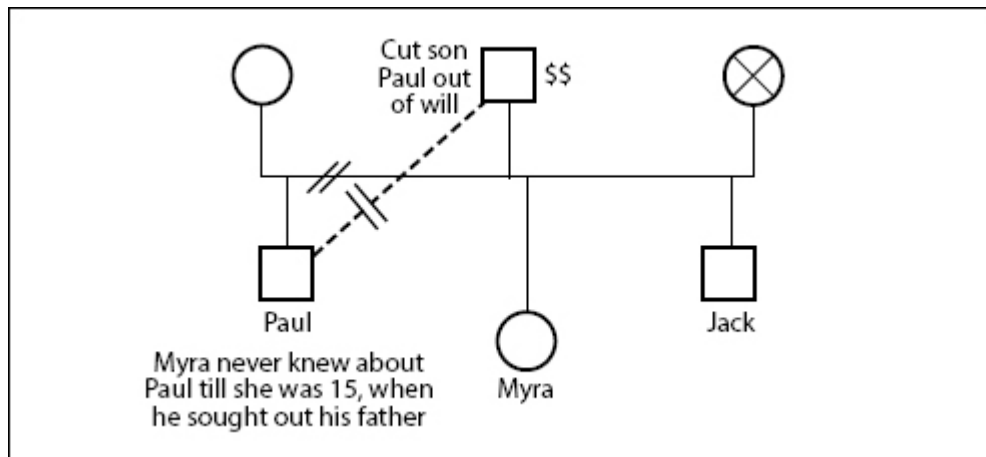


Figure 7.7: Stein Family

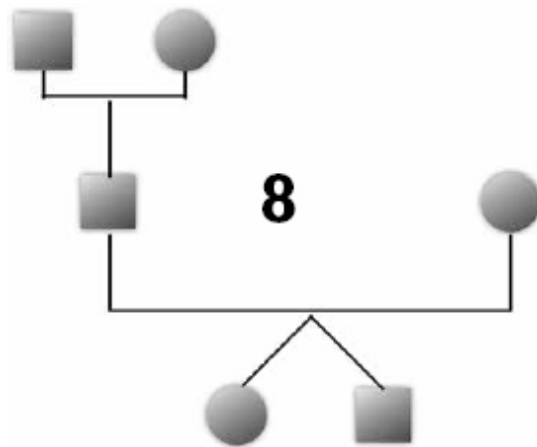
Myra had not even known of her older brother's existence until she was 15, but had developed a strong connection with him in later years. She felt Paul's pain that the father had been there for her and her other brother, Jack, but not for him. I coached her to think out for herself what her relationship with her father meant to her as well as her relationship with Paul, since she could not control their relationship with each other. She had tried many times without success to get her father to realize how unfair it was to cut Paul out of his will. Sorting through the meaning of her family relationships now, she was able to make a decision, which she shared with her younger brother, that when the father died, she wanted to share the legacy equally with Paul. Jack agreed that he wanted to share his half as well. This decision made her more peaceful in dealing with her dying father and freed her up to be more responsive to him. She realized now that while she could not control him, he could no longer control her, either.

When the father died, Paul, who had tried one last time, unsuccessfully, to talk with his father on his deathbed, was outspoken about his anger at the funeral, which embarrassed the family, although he was probably expressing feelings others had toward the father as well. Myra and Jack were able to remain calm, clear in their minds that they would now redefine their sibling relationships, in spite of the influence the father's will could otherwise have had over their future. Myra was able to appreciate her father for what he had given her that was good and to take her own action

regarding behavior she felt jeopardized the sibling relationships of the family.

The courage these clients showed about their values and their ability not to be swayed by the money that was being used to control their family showed enormous courage and systemic clarity. They put not just death but their whole lives in better perspective, strengthening them for the future. Genograms are the key way of assessing who in the family may be relevant in sorting out hidden conflicts and traumas that may lie behind current conflicts and cutoffs that are legacies of anticipated, unmourned, or traumatic loss. Once these patterns are clear, we can help clients find the courage to change the patterns in ways that strengthen their own values and hopefully repair cutoffs.

1. This chapter draws on my chapters in *Living Beyond Loss: Death in the Family*, 2nd ed., edited by Froma Walsh and myself and published by W. W. Norton in 2004. For those interested in more on this subject, go to www.psychotherapy.net/McGoldrick for information on streaming selections from my video on *Facing Unmourned Loss & Trauma: Building Resilience*. For the whole video check our website www.multiculturalfamily.org.



Working with Couples, Marriage, Divorce, and Remarriage

Never make direct suggestions except to motivated, compliant couples who really want your help.

—BETTY CARTER¹

Harriet Lerner begins her classic book on marriage, *Marriage Rules*, with a set of very simple principles a young couple had made up for their marriage vows, including kindness, respect, honesty, friendship, fairness, loyalty, and what we might call generosity of spirit. It seems so simple. And in one way it is. But at another level it is so easy for couples to get themselves into complicated, disrespectful, mean-spirited patterns with each other that there is always work for marital therapists to help couples get themselves untangled.

The first aspect of engagement and collaboration in couples' work is to help position the spouses to think about who they are in this world and who they want to be. To whom do they belong in life? To whom are they committed: friends, family, boss, work colleagues, mentees, partner, children? And what do those commitments mean in the scheme of their

lives? Once they have gotten themselves centered and clear about those commitments, the next step is to practice having excellent ears; a strong, clear, loving voice; and a light touch in their efforts to bring about change in their couple relationship.

In working with couples I generally begin with the spouses together, if they are living together, unless one spouse has an issue s/he wants to discuss alone. I ask them each to give a brief idea of their reasons for seeking help, after which I will ask about their background, so I have a context for understanding the problem. If their presentation of the problem takes more than a few minutes, I may interrupt to begin discussion of their background, in order to have a context for understanding the current problem. I let them decide who wants to go first in telling me about their backgrounds. I let them know that my way of working will entail getting to know their individual, family, and couple backgrounds, so that I can have a framework for understanding the current situation.

I prefer to interview the spouses together unless their anxiety in the presence of each other leads them to interrupt or be unable to listen to the other. Getting each partner's story often helps them calm down in relation to the immediate problems. I ask for a rather complete genogram going back at least to each spouse's parents and siblings, including the whereabouts, health, and functioning of all family members; the names and ages of all nieces and nephews; and the history of any untimely or traumatic losses. I may not ask each spouse about his or her grandparental history until the second or third session, but I will want to include in the first few sessions the sibling position and family history of each of their parents.

If spouses insert negative jibes into each other's narrative, I may not comment at first. But if it persists, I will ask them directly not to comment and rather to try to listen and wait until the spouse has finished, at which point I will ask for their reflections on what the spouse has said, trying to steer them toward what thoughts the spouse's narrative has brought up for them about themselves.

I allow 2 hours for an initial session, because I want to give the couple a chance to tell enough about the situation for me to be able to offer them some idea of what it may take to deal with their current dilemma. I press them relatively hard about what drew them together and what has helped them stay together until now, since couples therapy will require them to draw on all their strengths to make things better. I ask a good deal about their

history and what about their relationship makes them want to try to work things out in spite of whatever has gotten them stuck now. As I talk with them, I am always trying to locate them contextually. Where are they in the life cycle: newlyweds, parents of adolescents, launching young adults, or in one of the stages of later life? I am also trying to locate them in their terms of what cohort they belong to. Couples who married in 1968 will undoubtedly have a very different story than couples who married in 1964, 1984, or 2014. I also want to locate them geographically: where have they lived over the course of their relationship, and how close have then been to extended family, friends, and work?

At the end of the first session I try to share some of my thoughts about how I see their difficulties and how I think each family of origin experience may be relevant to the current situation, even if they seem initially negative about such reflections. If couples are in intense conflict, they are often negative about expanding the context, fearing, perhaps, that I am missing the core of their problem, which feels very immediate to them. I make it a point to note the positives that have led them to come now in spite of perhaps years of frustration and even other therapies that have not led to the resolution of their problems. I emphasize whatever appears to have joined and held them together and try hard to note any problems they have overcome through the years.

If the partners seem in a blaming stance I will be diplomatic in my reflections in the presence of the spouse and may reserve comments about their pejorative attitude for an individual meeting, which I will try to hold with each spouse as soon as possible. I always let couples know that while I will try to be discreet and do not see it as my business to carry messages from one to the other, I avoid making any promises to keep confidential anything they may tell me in an individual session. I urge them to tell me only as much as they feel comfortable discussing and only as much as they feel they can trust me with.

I consider it important to foster spouses' thoughts about what a good marriage would look like. Have they ever seen one? What were its characteristics? Was there ever a moment when they felt that way about this marriage? When couples are in a bad place they often say no.

I may offer them characterizations of couple relationships such as this one from Alice McDermott's (1998) *Charming Billy*: "My parents . . . had a marriage that ran the typical course from early infatuation to serious love to

affection occasionally diminished by impatience and disagreement, bolstered by interdependence, fanned now and then by fondness, by humor. That they loved each other is a given. I suppose, although I suppose too, that there were months maybe years, when their love for one another might have disappeared altogether and their lives proceeded only out of habit or the failure to imagine any other alternative” (p. 45).

Such quotes offer a sense of the life cycle trajectory marriages go through and may inspire spouses to consider the different phases of their relationship as well as the resources they have relied on, especially fondness and humor, for example. I press them to describe the positives in other relationships—for example of their parents, siblings, friends, and others—to see what characterizations they find meaningful in others’ relationships up and down their family tree.

Characteristics of Intimate Relationships

Closeness and Caregiving: made up of

Warmth, time together, nurturance, physical intimacy, and consistency.

Openness of Communication: made up of

Openness, self-disclosure, and the ability to face conflict and differences without avoidance.

Lack of Intrusiveness: made up of

Lack of separation anxiety, possessiveness, or jealousy;
Respecting the other’s need for privacy, time and space alone;
Lack of emotional over-reactivity to the other’s life problems;
Lack of mindreading of the other or thinking one knows the other’s thoughts or wishes better than he or s/he does; and
Lack of aggressive criticism, hurtful attacks, attempts to diminish the other, or dominate the other in disagreements.

Figure 8.1: Characteristics of Intimate Relationships

I like to give them a summary of the Characteristics of Intimate Relationships (Figure 8.1), developed originally by Robert Jay Green (Green & Werner, 1996). I ask them to discuss these suggestions and see if there are any items they consider important that we don’t have on the list or any items on the list that they don’t consider important.

I also like to share with them a list of Prerequisites for Considering Divorce (Figure 8.2), although I may not share this right at the beginning. If they come to therapy very distraught, their anxiety is likely to make them too

emotional to concentrate on something as existential as a serious discussion of their values about marriage. In this case I wait until I know them better and they are in a space where they are ready to think about what staying married or getting divorced will really mean for them. Furthermore, I may be cautious about sharing this list, depending on people's emotional and religious beliefs about marriage and divorce until I have time to know them. My own belief is that you cannot really be married if you cannot also be divorced. I believe that marriage is a choice one must make continually—to love, honor, and negotiate every day. If you feel locked into a relationship because you can't afford to leave or because other reasons circumscribe your options, you are in a relationship, but not what I think of as a marriage.

Prerequisites for Considering Divorce

- Realizing that your children are forever.
- Realizing that co-parenting is forever.
- Realizing that marriage is a judgment call depending on:
 - how much you love your partner;
 - how much your partner loves you;
 - whether divorce would create or solve more problems in:
 - your discomfort, suffering, boredom or unhappiness;
 - your children's suffering;
 - your work and financial status;
 - your home location and comforts;
 - your loneliness;
 - your sex life;
 - your neighborhood relationships;
 - your religious community relationships;
 - your extended family relationships;
 - your connections to your in-laws;
 - your connections to your friends; or
 - losing your social or community status

Figure 8.2: Prerequisites for Considering Divorce

With couples who come in wondering whether they should stay together, I generally tell them my Principles for Deciding Whether to Stay Married (Figure 8.3) by about the fourth session or sooner if it seems appropriate.

The point is that if your relationship isn't working, the first thing to do is to make sure that you are not contributing to the problems through your own behavior. The second thing is to check that all your other relationships are in a good place, to be sure you are not bringing other frustrations into your marital distress that don't belong there.

Most couples find this framework very hard to grasp at first, which is why I don't usually discuss it too early on. Couples have usually come to therapy expecting to list their complaints about the other and to enlist the therapist's help in changing the spouse. They do not find it easy to reset their sights on their own accountability and participation in the relationship and on what they may be doing that is contributing to the problems. They rarely come to therapy to see what they can do differently to improve the relationship with the spouse.

Principles For Deciding Whether to Stay Married

If you want to decide whether to stay with your partner, you should take 9 months to work on it by:

- Behaving as your own ideal of a spouse to your partner, no matter how s/he behaves.
- Making sure your relationships with your parents, siblings, children, work, and friends are all in a good place, so you can be certain that problems in those areas are not contributing to your marital frustrations.

If at the end of 9 months your partner is not responding in a way that seems meaningful to you, it is probably time to move on.

Figure 8.3: Principles For Deciding Whether To Stay Married

As mentioned above, I generally work with spouses together as long as the energy is positive, or at least neutral. If they are in such a bad place that they cannot contain their complaints, disrespect, and negativity, I prefer to work with them separately. The initial work is individual at any rate: each spouse needs to decide whether they want the relationship to continue and to get personally clear how s/he wants to behave in relation to the other. Obviously a spouse who says nothing positive to the partner is asking for trouble, as is a partner who has many dissatisfactions but never lets the other know. If one partner links up his or her behavior to what the other does ("Why should I have to do this? Why isn't she being accountable?"), I back up to the principle that the only person you can change is yourself, and emphasize that we are doing this process to be sure that your behavior is not contributing to the problems. It often takes considerable time for spouses to stop focusing on the other and commit themselves to working on their end of the relationship. This usually entails repeatedly discussing the principles for healthy relationships (don't attack, don't defend, don't placate, don't shut

down, and keep a ratio of at least 4:1 positive to negative comments to your partner). I also try to keep in mind the Rules of Thumb for Working With Couples (Figure 8.4) offered here to help spouses who are stuck.

Rules of Thumb For Working With Couples

Our culture leads couples to seek too much in the too small a space of marriage. Too narrow a focus on the couple's presenting problem may ignore overall expectations that couples sideline all other relationships—with parents, siblings, friends, and extended family—and place all their hopes, dreams on this one relationship. That the spouse meet every need: soul mate, lover, companion, sounding board, helper. When spouse fails, partners think they have the wrong spouse and should look elsewhere. We must recontextualize marriage within the framework of:

- the family life cycle (we live more than twice as long as a in 1900 and spend only 25 years on childrearing)
- the multigenerational family system;
- the cultural, class, and gender context of the couples and their families and community;
- sibling and other family relationships as the emotional network of the marriage; and
- each partner's friendship systems—
- Assess each partner carefully in relation to his/her access to money and power (psychological, intellectual, spiritual, and earning power). If one partner is not in an economically viable position, true marital therapy, as in a dialogue between equals, may be impossible. The same thing goes for physical power. Even a single incident of physical abuse or threats may organize a couple's entire relationship. Beware of the subtle inequalities in most marital relationship based on gender. Partners can rarely even articulate the differences between "his" and "her" marriage.
- If you want to get two people together, see them separately. If you want to separate them, see them together to challenge the "fusion." (This rule is thanks to my teacher Tom Fogarty.)
- If spouses continuously fight in session, you might see them separately and work on family of origin issues, issues about their dreams, career, or coaching them to deal differently with their partner. Or let them fight and videotape the session, giving them the homework to review the video in detail for the nuances of their own behavior toward the other. Have them communicate only in writing for a week. Suggest that they drive 20 minutes away from home to have their fight in a closed car. A trial separation can cool things down and be a "time out." But it is unlikely to be useful unless at least one spouse begins working on his or her own issues.
- Help couples place their attitudes toward gender roles in the broader political, social, and economic context of divorce, aging, and childrearing; encourage them to educate themselves about these issues. Be sensitive to the pressures spouses receive from the outside world regarding their focus on work,

relationships, emotional sharing, “second shift” work, friendship, financial power and so forth.

- Encourage couples to ask themselves questions about their spiritual values and about what really matters in their lives to help them focus their attention to relating according to these values.

Figure 8.4: Rules of Thumb For Working With Couples

HOW OUR FAMILIES OF ORIGIN INFLUENCE OUR COUPLE RELATIONSHIPS

Generally couples bring their worst selves from their families of origin into their marital conflicts. Indeed, it is remarkable how often spouses seem to treat each other more disrespectfully than they treat anyone else in their lives. Research shows that people are kinder to strangers and more likely to show their grumpy selves to those close (Dunn & Norton, 2014). From a systems perspective, this is the first problem to deal with.

Our assumption is that it makes sense for mature adults to treat everyone with respect and generosity rather than with meanness and contempt. Without this basic respect and generosity there is no hope of a meaningful connection. Thus, if a spouse is not treating his/her partner this way, try to help him/her change the conversation and go to the basics of how each wishes to behave toward the other and toward others in general.

With these assumptions in place, therapy sessions are spent examining the couple's relationship problems—disagreements over in-laws, kitchen responsibilities, sex, or finances in relation to each partner's family of origin patterns. The purpose of this is to help partners contextualize their relationship with each other.

In the process, we look for the key triangles they have reproduced in their relationship. For most people the key triangle they bring into the marriage began with their parents. Perhaps the husband felt his mother was controlling and abusive to his father, and he sided with his father. The wife may have felt her father was controlling and abusive to her mother, and she sided with her mother. Now both partners feel abused by the other and want someone (the therapist) to side with them.

REPEATING TRIANGLES

The themes through which the triangles play out are also typically inherited from the families of origin. Couples may have themes of money, sex, jealousy, secrets, religion, power, addiction, order vs. messiness, spontaneity vs. planning, socializing and talking vs. quiet and staying home, and so forth. If your father drank, you will probably be either overreactive or underreactive to others' drinking. You are unlikely to be neutral on the subject of alcohol. If your parents always fought over money, you are unlikely to be free and easy with your spouse on the subject, and so forth. Once partners can see where their reactivity began and deal with that, the tension in the couple relationship is likely diminish, so it is worth a great deal to help them sort through a few issues in relation to family of origin rather than in the couple relationship itself. Even where a couple is moving toward separation and divorce, the more the family of origin issues can get acknowledged and addressed, the less they are likely to carry on into future relationships.

It is not easy to get couples to do this kind of exploration. Spouses almost always prefer to tell you what is wrong with the spouse and what s/he did wrong in the previous week. They usually begin by wanting a quick fix and are likely to view the family of origin as a distraction from their "real" problems. It takes a while for them to see how interconnected their reactivity is to their previous relationships. Once partners do recognize connections between their own behavior and where they have come from, and once they begin to address these issues themselves, it becomes much easier for them to maintain perspective in the heat of couple conflict. Spouses become able to tag their responses and take the time to sort them through. "Honey, I'm having a hard time listening to you just now, I think because I'm getting triggered by some of my old issues with my mother. Give me a little time here, will you?"

It is also common for one spouse to begin working on family of origin issues before the other. This is normal. Sometimes one spouse doesn't appear to be working much on his/her own issues, but things are quietly brewing, and if the first keeps working on his/her issues, the other will usually begin to work sooner or later. It is important to emphasize that it is not a race between the spouses. Each person is responsible for dealing with his/her own reactivity.

I work hard to help couples move away from any notions of a quid pro quo about therapy work. In my view such ideas lead nowhere when it comes

to managing relationships maturely. Spouses need to concentrate on treating each other respectfully because it is who they want to be, not because the other is treating them well and not because they have worked out some sort of “I’ll do this if you’ll do that.” Such agreements are possible for housekeeping and account management, but not for the most meaningful aspects of an intimate relationship.

GENOGRAMS IN COUPLE THERAPY: NICK AND ARLENE

Nick and Arlene (Figure 8.5) sought my help after 35 years of marriage. They had two grown children and many years of therapy individually and together before they had finally separated 1 year earlier. Since the separation, finally initiated by Arlene when Nick had one too many blowups about his marital dissatisfactions, Arlene moved out and went to live with their daughter.

She then decided she needed to be on her own, which required that she learn for the first time how to manage money, rent a condo, buy furniture, and arrange her own social life. There were many positives that had kept the couple together for 35 years, including a deep connection of appreciation about each other, but this had been covered over by years of unchecked criticism on Nick’s part, and retreat from his insults into anxiety and depression on Arlene’s.

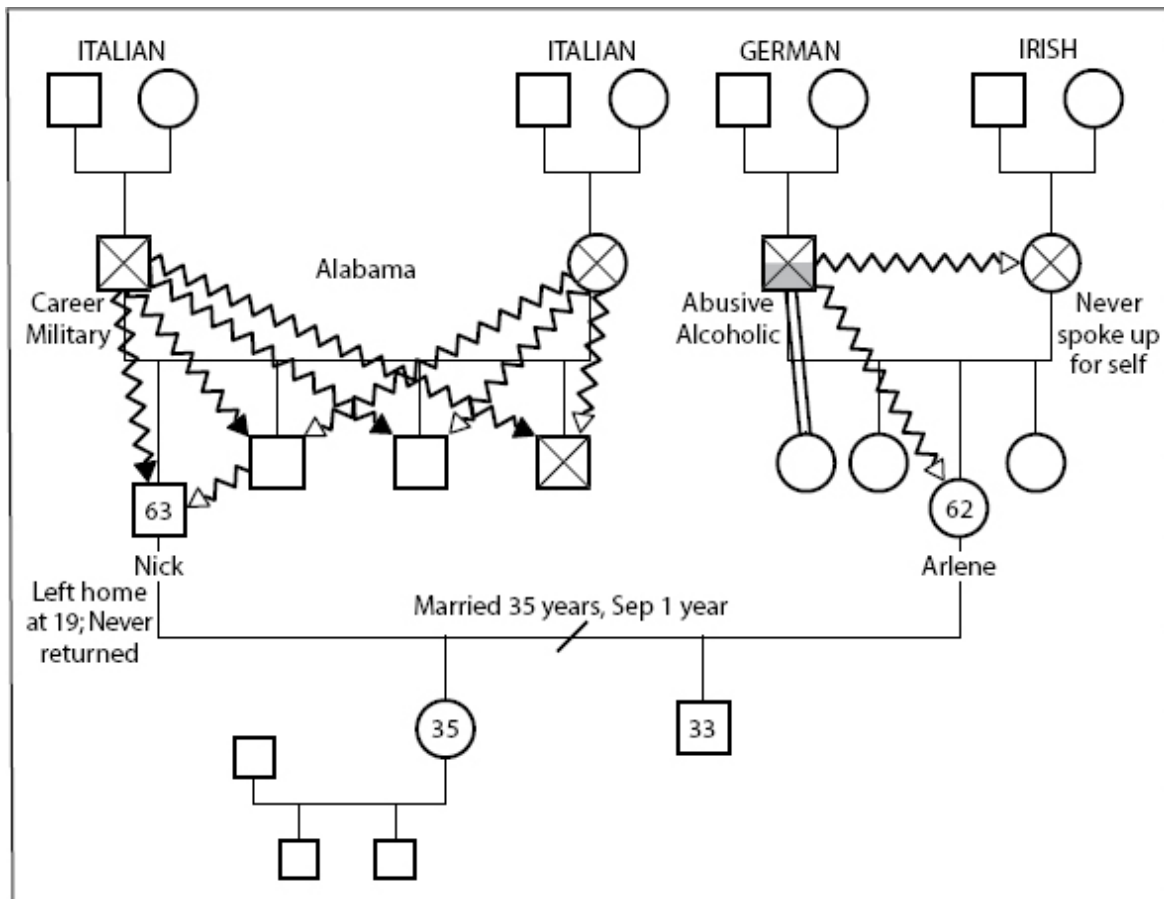


Figure 8.5: Nick and Arlene

She had feared being alone and would appease Nick in a somewhat stable but very unsatisfactory relationship. Both spouses feared entering therapy because they had had previous experiences where they each felt the therapist took sides and put them down. When asked how they felt their families of origin influenced their situation, they were both ready with stories of having come from abusive families. They seemed to have integrated stories of themselves as needy and impaired by their miserable childhoods. Inquiring about each partner's genogram often involves helping couples transform their life narratives from problem-saturated stories of abuse and neglect, which generally do not leave much energy for healing in the present, to more energizing stories of resilience that allow clients to make more proactive efforts to change.

Nick, the oldest of four brothers whose grandparents immigrated from Italy, grew up in Georgia, where his father was in the military and often away. His memories of both parents were of their abusing and criticizing

him and his three younger brothers. At 19 he remembers hearing his mother yell at his brothers, as usual, and deciding on the spot that he had to get out. He got in his car and just started driving. All he knew was that he had to escape.

He said he had trouble in school and lacked confidence, but he had a “dream of finding a beautiful independent woman, a good job, and a silver car.”

Arlene was the woman. She was beautiful and, he thought, independent. He bought the silver car. And without any background he applied for a good job, which he didn’t get, but they advised him he needed technical training and he went for it. He believes that if he had not left home when he did, he would have ended up in prison or dead at an early age.

Arlene, the third of four daughters, grew up with an abusive, alcoholic father of German descent and an Irish mother who never spoke up for herself.

Both partners described themselves as coming into the marriage looking for love, never having experienced it before. They shared a dream of raising their own children differently from the way their parents had raised them.

In their initial recounting of their family history both spouses left out any positives. But it was easy to see that Nick’s realizing at age 19 that he had to make the move or he’d end up dead showed enormous resilience. He had to have gotten this moxie from somewhere. It also suggests a imperative he seemed to have had all his life to make change when he was in an unacceptable situation.

Arlene’s childhood in an unhappy, abusive family left her nevertheless with dreams to reinvent herself in the family she would create for her children. In fact, in spite of Nick’s negativity, Arlene did create a family that shared many happy times, which both spouses admitted was a contrast to their families of origin.

Arlene’s resolve to create something positive played out interestingly also in her decision to launch herself from her daughter’s home 6 months after moving in with her after she and Nick separated. She recounted, without apparently realizing how significant it was, that she had never before lived on her own and felt very good about managing her life.

Both spouses, having come from what they viewed as dysfunctional, abusive homes in which they did not feel loved, had had the ability to transform their lives and did that, in spite of their relationship problems.

They had created a family in which they both loved their children and had had many good family times. But still they felt debilitated by the negativity of their relationship, which had led to the separation.

In my opinion, their separation itself was another sign of the couple's strength. Arlene had the guts to say, "No more!" and to leave her home of 35 years.

It is surprising how often "hitting bottom" can be the beginning of a new day in people's lives. Just at the moment when people think they are at their worst and feel ready to give up, making the decision to change their situation and create new openings for themselves begins a new chapter. On the day when a spouse finally says, "I can't live like this any longer!" both are likely to feel at their lowest point. But this is actually the point of hitting bottom and turning the corner. It can be crucial to help people reframe this "worst moment" as the opening point when they really admitted how bad things were, let go of their current lives, and began seeking the courage to reshape their lives and seek a different future.

In the case of Arlene and Nick, they had actually separated in a relatively friendly way, celebrating the holidays together as they had over the previous decades of their marriage. All these unacknowledged aspects of the couple's story seemed to me to be threads of a transformative narrative very different from the ones they led with as they initially described their situation. Such a pattern of including only the negative in a story is common for couples in trouble, and they might easily fall into the negative stories again whenever they get stuck. But at the same time there are undoubtedly more hidden positives in their earlier history that will need unpacking as they go along to help them find the energy to explore their larger lives.

To examine where they were coming from meant diving into the wreck, so to speak. We had to look at their experiences together and in their own families and notice the resilience and survival strengths they and their ancestors had had to change their lives and keep the changes going.

In the initial session both spouses seemed to experience frustration that our therapy would not have much room for complaints. Because they had already had a good deal of therapy, I told them bluntly my view that complaints only work at a ratio of at least four positives to one negative. (I might be more circumspect with couples who have never been in therapy before, getting to know them a little before so directly challenging their style of interaction.) All indications are that this is the ratio that works for most

good relationships, so there was no point for them to continue spurting out negatives without respectful consideration for the positives in the relationship.

I also repeated my basic rules for managing relationships: don't attack, don't defend, don't placate, don't shut down. Both spouses initially laughed and said I was leaving them with no options. I had to offer them detail on how to handle Nick's negativity and Arlene's defense and shutdown. I suggested to Nick that any time he wanted to offer a criticism, he precede it by four compliments, and any time Arlene wanted to shut down the conversation she would have to keep listening, offer no defense, and try to respond in as positive a way as possible for at least four efforts.

Not surprisingly, neither spouse managed these tasks initially. I gave them Harriet Lerner's *Marriage Rules* as a framework for our conversations, because it offers such a magnificent backdrop for all couple communication. Nick came in the next week questioning when I was going to let them discuss their marital problems in relation to Lerner's book. He wanted to make a list of all the ways Arlene had not lived up to Lerner's rules. I had to remind him many times that his job was to think about how Lerner's rules applied to *his* behavior, not his wife's. For Arlene it took five meetings until she asked for a private session to convey that she was too upset to let Nick know what was really bothering her, because she did not want to create conflict. I reminded her that she had left Nick because she had finally acknowledged to herself that the relationship they was not working. She had made great efforts to develop herself and manage her own life for the first time in 40 years. I took her back to her basic goals and challenged her to dare to be herself or she would have nothing in the relationship. Meanwhile, I pointed out to her that while Nick could seem like a bulldozer in our conversations, he had also been much more positive toward her than she had been to him, even when I had asked questions like what attracted her to him or why she married him or wanted to reconcile. She had no memory of the positive things he had said about her.

I urged her to pay closer attention to what he said and to focus on telling him whatever she wanted him to know about her positive interest in him as well as the issues that troubled her in their relationship.

As we looked at her genogram, many positives in her relationships with her sisters became evident. The holidays were coming up and she talked about how Nick had never seemed to enjoy them. In childhood Arlene's

father had spent time only with her oldest sister, who was his favorite, and Arlene felt like Cinderella, who always had to do the work without sharing in the holiday times with her father. But, she said, she loved decorating her house for the holidays. We talked about how she could ensure this enjoyment with or without Nick's participation. She grew immediately excited at the thought of decorating her tree and condo for the holidays.

She then asked Nick if he would let her take the decorations to her new condo to decorate her new home. He refused, point blank, saying they were too hard to get at them in the attic because he had a bad back. She suggested getting someone in to help get them out of the attic. He refused to let anyone else come into his house to help Arlene get them. At this point I chose to let what I considered his rudeness go and to use the opportunity to challenge Arlene to follow her wishes and not be put off by his behavior. I felt quite sure that sooner or later I would get a chance to challenge him about such apparent meanness and assumed that not challenging him at the moment would probably increase the chance that he would himself rethink his attitude. We therapists always have to be mindful in challenging clients not to increase their defensiveness rather than helping them move toward more generous, thoughtful behavior.

Nick's refusal to allow Arlene to use the Christmas ornaments was surely part of a larger dysfunctional pattern we would have to address, but meanwhile, I thought it better to seize the moment to provide Arlene with a good opportunity to define her life for herself, regardless of what Nick did. In fact, his extreme reaction made it easier to help her clarify her own position and need to make her life decisions her own.

I asked to meet alone with Arlene and urged her to get new decorations if Nick continued in his adamant refusal to let her have old ones. I reminded her of what she had told us about the importance of decorating for the holidays and emphasized her opportunity to take ownership of her life in ways that had not been able as a child. Now she had the power to decorate things as she wished and to invite others to share her life with her. She seemed to grasp the concept, though at moments she fell back into a self-pitying frame of mind, bemoaning the fact that she didn't have a happy married life and had to do this alone. With encouragement, she tried to stay focused on what it was she was aiming to create, rather than on why she couldn't have had a more cooperative husband.

As we discussed previous holidays, Arlene described that Nick had never enjoyed them and always wanted to leave any gathering after 5 minutes. I challenged her to make this season's holidays her own, which would probably mean expanding her horizons beyond Nick's preferences. She considered having a party at her condo for her friends and inviting Nick for only part of the holiday, driving in a separate car so he could leave early if he chose to do so and she could remain if she wanted. Arlene was beginning to get an inkling of defining her life decisions for herself, but easily fell back into wanting Nick to be someone he wasn't: a person who enjoyed parties and socializing, especially with her family.

She was still not ready to reexamine her early family experiences, but she was beginning to see it as important to think about and pursue her own dreams, not just to get back together with Nick.

Nick, on the other hand, began opening up slightly the exploration of his childhood demons. Perhaps he was embarrassed about having been so ungenerous to his wife and it made him begin to wonder why he would do something that was so much not in his own best interests or in hers.

He talked about how difficult his childhood had been. Somehow, on his own he resolved to stay better in touch with his two brothers (his third brother had died in young adulthood in a car crash). This came up in discussion about his not having as many friends as he wished, which left him feeling dependent in his relationship with Arlene. He was realizing his brothers' importance in his life. Perhaps his realization of his dependence was triggered by the small steps Arlene was beginning to take to create her own life with or without him. While he disliked her family's holiday gatherings, he had let her be the one to create their social life for many years. Now he began to see that if she went off on her own he would be alone unless he changed his ways.

To help the couple see their relationship more contextually, I asked them to explore the trajectory from their history to their future by an exercise of choosing miniatures (little figurines and items I often use on play genograms) to represent themselves and their relationship at five points in time:

1. when they first got together 35 years ago;
2. when they decided to separate;
3. when they decided to come for therapy to try to reconcile;
4. now, after several months of therapy; and

5. in the future when they arrived at where they hoped to go.

Interestingly, when Arlene did the last task she chose only an item for herself and not for the two of them, probably indicating the extent to which she felt she had lost herself in their relationship. Her choices perhaps reflected the change she was trying to create in herself. For her future self she chose a dancing woman, who felt free to express herself. Nick commented rather diplomatically on her choosing an item only for herself and not for the relationship, and she responded by choosing a rather ordinary “prince” to represent what Nick would be like in the future. This was a major shift from focusing on what was wrong with Nick, and perhaps her lack of concern of what he should be like reflected her understanding that her main work needed to be on her own life.

BACKSLIDING AND MOVING FORWARD

The couple proceeded to work past their negativity toward each other and to have more positive time together. While I thought changes in their relationship would be lasting only if they recognized the connections between their relationship with each other and their overall relationships, especially those with their families of origin, their resistance to the latter required me to pace myself in order not to get ahead of them. This is often thought of as going with the resistance. When couples are willing only to work on their relationship with each other, my belief is that you facilitate this until you have occasion to broaden the discussion, perhaps here and there making references of connection to similar patterns in the family of origin, but not pushing the point until you get some traction.

We worked on increasing their ability to avoid stuckness in areas that had been difficult in their past. Nick, when in a bad place, saw Arlene as retreating to “vegging out” and becoming a “couch potato.” Arlene, when in a bad place, saw Nick as never able to just “chill,” relax, and not criticize her for taking a nap. For a time they were managing very well at having good time together and working hard not to let things tighten up between them, both trying to stay focused their own end of the relationship.

Then Arlene developed pneumonia, and Nick, who felt she never took proper care of herself anyway, suggested she could stay at his house to recuperate. Within 2 weeks there was serious backsliding. They were

snapping at each other, and their negativity came back with a vengeance. Arlene focused on wanting to be back in the house and married again. She began pressing Nick for a commitment to get back together. The truth was that she was so frustrated by his negativity that she could barely stand to be with him. Alone with her, I questioned why she was asking him to commit when she seemed so unhappy with him. I urged her to speak for herself about what she wanted to commit to and what she was up for, which she was never allowed to do as a child, and to see what he would choose to say in response.

After some questioning, Arlene realized she needed space and wanted to move back to her condo so that she could get herself to a better place psychologically and spiritually. A part of her wanted to blame Nick for this, but she decided to take responsibility for the move. She went home and began to pack.

Nick, who had been feeling very frustrated and judgmental with her, caved in and defensively accused her of “bailing,” rather than staying to deal with their issues. She then caved in also, and the couple ended up staying together in their unhappy situation.

But they were both becoming more ready to look at their own part in their frustrating situation. By the following session Nick took responsibility for having tried to undermine Arlene’s plan to separate until they were both in a better place. He wasn’t sure why he had done this, but thought his fears of separation were part of it, because, in fact, he was feeling crowded himself and unable get himself centered or relate to Arlene in the “joyous” way he thought she deserved. This was his first real statement of his own values and wishes for relating in the marriage.

The couple separated again. Once they were apart I met with Nick alone. Without Arlene to complain about, now that she had left, he began, really for the first time, to think about what he needed to do to stop being so judgmental. He set about really studying his family relationships as he grew up. He began questioning why he had become so “rigid” and “unable to be mellow” in many situations with Arlene. He decided to make a trip to visit one of his brothers, whom he had not seen in several years, as well as his daughter and a high school friend to “get to know” himself better. This seemed like a giant step in his beginning to define himself for himself.

I then met with Arlene alone. She was again in a backslide. Her narrative was about how irritated she was at Nick for having reneged on his invitation

to her to stay longer. When I challenged her about her own decision to leave because *she* wasn't happy, she had to agree with me. I reminded her of Nick's comment that he needed to get centered and wanted to be able to be more joyous with her, because he thought she deserved it. She had forgotten that he had said that.

I reminded her that one of her frequent complaints had been that he rarely bothered to say positive things. So we began tracking her journey to herself, briefly touching on her childhood experiences and reviewing her many efforts to develop herself in the past few years as she redefined her relationship with Nick and with herself. As we spoke about the threads of her narrative that she was now leaving out—her own journey to self-discovery, learning to deal with her finances, creating a holiday that suited her, and other experiences—she livened up. She came back to the list of things she had already suggested she wanted to work on: taking more initiative to enjoy her days, making new friends, and revising her relationships with her sisters, with whom she had fallen into some resentment that they had not come to visit when she was sick. We talked about her making invitations to them to do something she wanted rather than getting into the old family gossip, which usually ended in their giving her advice about herself. She began to look more seriously at her genogram and to notice that there was a lot she didn't know about her family's background, since she was the youngest. We looked through the family members and realized that her oldest sister, who was 9 years older, probably knew a great deal about their grandparents, who had died by the time Arlene was 6. She became curious to learn about her father's family background—making a family move that was clearly beyond his rejection of her.

Arlene and Nick represent a common couple example for a number of reasons. Although the movement might seem slow and the previous description represents about a year of work, they came to therapy with a lot of bad habits that had gone on for a very long time. But they had also taken more positive initiatives to change their lives than either of them realized. This is an important point in any therapeutic work with couples. People have very often solidified dysfunctional, negative narratives about their lives that require a good deal to loosen up and transform. Neither spouse realized how much effort they had already put into trying to revise their life patterns before they came to therapy. And both had absorbed the negative societal and family stereotyping of couples who are separated and not “living happily

ever after.” They were coming to realize that they had ultimately separated for good reasons. Their relationship had gotten to a very dysfunctional place and they had finally decided they could not continue in that fashion. They hit bottom and faced their reality, which many couples do not. Their courage to begin to carve out a new path for the rest of their life journey began the day they said, “We can’t go on like this.” Even their daughter and son seemed to have viewed their separation as a failure. But I viewed it as a success and a new beginning. These days they are working at spending more good time together, while focusing on how both of them can make sure that they are creating a relationship that they want for themselves.

The process they went through of changing their relationship at its core is what Bowen (1978) referred to as differentiation and Scharmer (Scharmer & Kaufer, 2013) describes as the theory of U for any system: the process of really exploring where you have gotten to; becoming a deep observer of the context you are in; listening to your inner voices so your choices can be determined by your values rather than by reactivity to others’ cynicism, fear, or judgments; and creating a life that acknowledges the systemic nature of all life.

DIVORCE AND REMARRIAGE: TRIANGLES, CUTOFFS, AND RECONNECTIONS

The first task in understanding divorce and remarriage is to distinguish the issues of first families from those that arise in binuclear and multinuclear relationships, which is why genograms are especially essential for any assessment of families that have experienced separation, divorce, or remarriage.

There are basic differences between those who share a history from the beginning and those who enter a previously existing family constellation. Of course, we all enter previously existing families whenever we marry, but in remarriage the proposition is qualitatively different. If you marry a spouse who has children, they share a history and a relationship you will never fully be part of. This has nothing to do with personal competence—though people often think it does. It is a *structural* issue resulting from the structure of time. Family members who have shared a life together have had experiences and memories that connect them. There are always “dangling ends” in the relationships that follow. This is just a fact, not an accusation. So anyone

new coming in can only join the connection from this time forward, which means that s/he will have missed what went before.

Families often act as if they can become the Brady Bunch and put all the pieces of their families together, but this is virtually never possible, though the new relationships can, with tender loving care, become deep and meaningful over many years, especially for a family formed while the children are still in childhood.

So the initial work with a remarried family requires clarifying these patterns and accepting what is. The triangles and interlocking triangles are so prevalent in remarried and all multinuclear families that we can say the primary clinical work overall is helping them to detriangle. The most common clinical presentation of recoupled families is of triangles with children or spouses from previous relationships, which are jammed up because they are trying to force themselves to be one family.

Becoming a family takes time. It is usually most helpful to actually draw out the genogram for the family so they can see the structural triangles right at the beginning of therapy. It helps to note explicitly the relationships that do not have built-in power—for example, those of stepparent and stepchild and those of the new spouse and the ex-spouse.

Basically, I try to clarify that the family must respect their history and fit their love relationship into the preexisting relationships that will continue. Everything else will follow from this. The couple bond is the reason for children to relate to a stepparent: the children respect their father, who now requests that they respect his new wife. She should not even be introduced as a “mother” at all. A new partner can become a parent only gradually, over time. Generally it takes at least 2 years for children to feel the new partner is a parent. If children are adolescents when the family reconfigures, coalescing into a parent-child relationship may never take place. The situation will be even more tenuous if parents remarry once their children have launched. In such cases, little bonding can be expected, unless the whole family lives in very close proximity and frequently shares extended family gatherings, which is rare in our times.

Laying out the genogram and keeping it visible for the family, whether on a large paper or by giving out copies of the genogram when you meet in the early stages of therapy, can help to remind the family that the complexity and ambiguity of roles and relationships are built in when it comes to

remarriage. The best you can say is that it is important to have flexible but workable boundaries. But this is easier said than done.

The biggest problem families in this situation have is usually trying to simplify the complexity by drawing tight boundaries and sticking to them. This is likely to be disastrous in the end, because as younger family members mature they are likely to repeat the tendency for rigid boundaries, cutting themselves off from the family of origin as they form new family constellations. On the contrary, flexibility is the key to success. The more open the new family constellation can be about including others as much as can be arranged, the better for the long-run integrity of the system, while respecting that children do need predictable structure, so they do need to know to whom they are accountable and to whom to go for protection. We think of this as an open system with workable boundaries.

Generally speaking, when families divorce there tends to be a great deal of collateral damage in cutoffs between each divorced spouse and the other partner's extended family. Unfortunately, as much as 70% of the family's network generally gets broken in a divorce. This is terrible, and especially painful for children, who must often manage complex extended family arrangements on their own. The more parents can support children's connections, the better. Mapping this out on the genogram and continually referring to the family's complex structure can be extremely helpful in increasing the family's willingness and energy to tackle the complex emotional and physical tasks they must manage.

John Stergios (Figure 8.6) was struggling to get to know the sons of his new wife, Angie. He had the ongoing responsibility to keep close connections with his own sons; to negotiate finances with his now irritable ex-wife, Marilyn; and to support his new wife in her handling of his sons on weekends, which was difficult for her, given his sons' antagonism toward their new stepsiblings, whom they resented for getting more of their father's attention than they did.

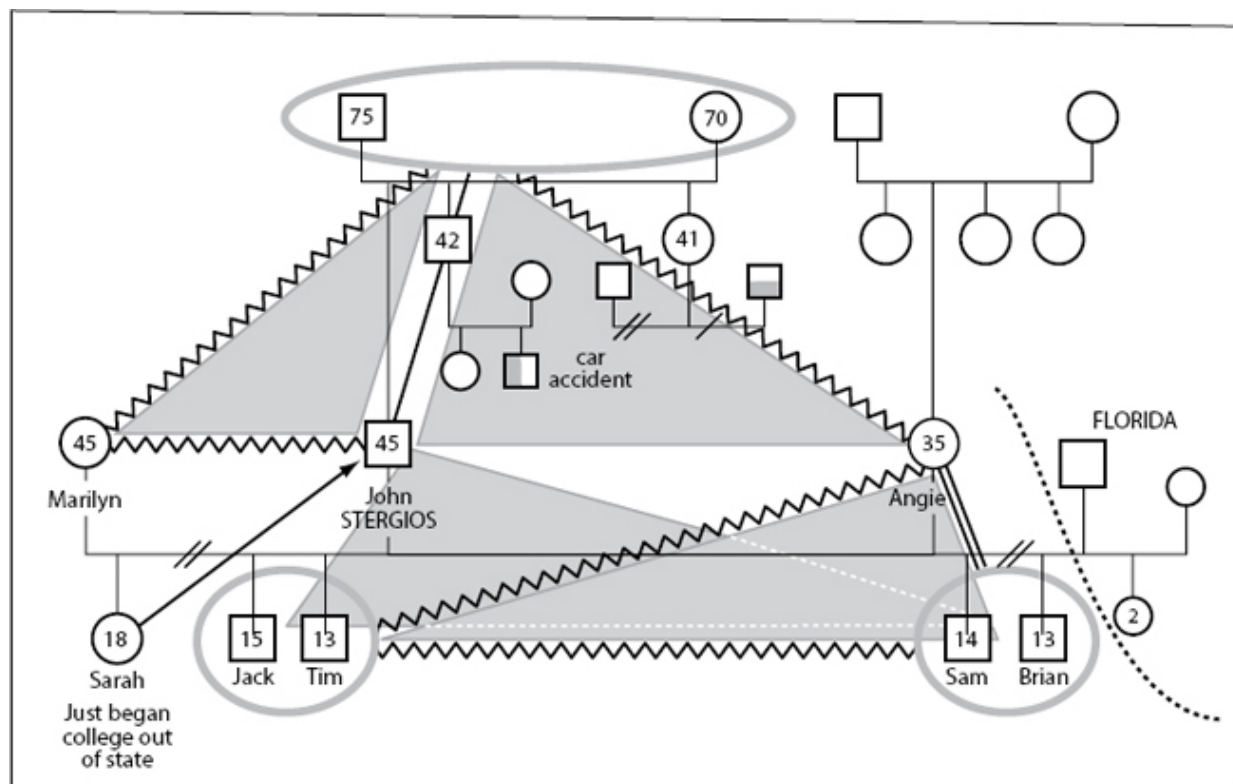


Figure 8.6: Stergios Family

Meanwhile, his parents kept calling for his help to see their grandsons, since Marilyn was not making their connection easy. His parents were also telling him endless stories about how Angie had been slighting them. John's oldest daughter, Sarah, had just begun college and was having a rough adjustment, at times texting him frequently and at other times staying out of reach. Beyond the relationships with his immediate family, John was struggling financially at his job and worried about keeping up with payments to Marilyn, contributing to his family with Angie, and paying for Sarah's school.

In the back of his mind were worries about his parents, who had been self-supporting but did not have much extra, if either of them became impaired, and they both were beginning to seem a bit fragile mentally as well as physically. Luckily they lived nearby, but his two siblings were having their own problems, and both lived a plane ride away. His brother's son had recently been in a car accident and seemed to have residual problems. John's sister was separating from her alcoholic second husband, so her situation was also fragile and she did not seem to have much energy to help the parents. The potential interlocking triangles include:

1. John and his new wife with the needs of his sons, who come on weekends, and his daughter, who is far away, but had particular needs as a young adult trying to launch from a family that has split;
2. John and the needs of his new wife and her children vs. his former wife and children;
3. John and his parents in relation to his new wife, whom they resented; and
4. John and his siblings in relation to the parents' increasing neediness and the siblings' own neediness.

The first issue clinically would be to clarify the different potential triangles and help John clarify how difficult the complex demands of his situation were. He would need to prioritize handling the upset at each level, so he could focus on first things first and not get overwhelmed by the reactivity that might seem to be sprouting up all over the family at once.

Adding time perspective would be important: In time the different facets of the family would be likely to settle down.

- ▲ His daughter, Sarah, would most likely find her way in college, especially if he and his ex-wife make ongoing efforts to stay connected with her.
- ▲ His sons have a good likelihood of connecting with their stepbrothers, if John and Angie do not press too hard, as they are all close in age and have the next 3–4 years together before finishing high school.
- ▲ If John can keep his finances stabilized, his ex-wife and his new wife will probably adapt to the current financial situation, and he will figure out how to handle the college expenses.
- ▲ John's ex-wife would probably settle down if John's relationship with her remains noncombative and supportive.
- ▲ If John can urge his parents to relax in relation to both his ex-wife and his new wife, he will probably save his parents and his wives a lot of unnecessary conflict. Over time he can probably urge Angie to find ways to support his parents, and Marilyn will, over time, probably be grateful for the grandparents' involvement with her sons.

Genograms are particularly helpful in work with remarried families, because the structural complexity so influences the predictable triangles of these situations. In clinical efforts, coaching the adults on further

differentiation in relation to their families of origin always proceeds in tandem with work on current family problems.

It is difficult to convey the enormous intensity aroused by attempts to shift relationships in remarried families, the extreme anger and fear that so often block change, the recycling of old conflicts that accompanies each move forward, and the common regressions as they move through the life cycle. Our clinical experience indicates, as with other family problems, that families willing to work on relationships in their families of origin do better than those who do not.

As in this example, if John Stergios attends to his personal relationships with his parents, it will very likely help him in his current situation with his wives and children. Perhaps meeting with his siblings would help them think together about ways to support their parents, which might help all three siblings to be resources for each other in this time when they are all feeling stress. If the therapist has clinical access to any new or ex-spouse, they might well benefit from considering how their own family of origin issues have influenced their current lives and how understanding their issues might be relevant in attaining a better equilibrium.

The first priority in this case was actually helping John and Angie acknowledge the complexities their relationship had put them in with regard to the other systems they belonged to. I had them review why and how they had decided to come together and reinforced that they needed to have a very strong bond to deal with all the complex systems:

- ▲ children with different and competing loyalties;
- ▲ the ex-spouses on both sides;
- ▲ their extended families, both parents and siblings who were all under stress themselves; and
- ▲ the complexities of their work situations.

Angie's ex-husband had moved far away, was unemployed, had contributed almost nothing financially to his sons, and rarely had contact with them. He had recently had a daughter with his girlfriend. Angie had always had to support her sons by herself. She did not expect John to take over supporting them, even though he thought he should do that. Meanwhile, Marilyn had been depressed and was reluctant to take on full-time work, although her children certainly did not need her to be home all day.

To lower the tension between Angie and her stepsons, the couple decided John would take his children to visit their grandparents for the next few visits. This would serve two functions. It would allow Angie time alone with her sons and lower John's parents' anxiety that they were never getting to see their grandsons, who were always going between their mother's home and their father's home. It would increase John's time alone with his boys, who otherwise never got his full attention because Angie and her sons were always around. It would give John a chance to check on his parents and reassure them of his ongoing connection to them. This small move made a huge difference in the reactivity level of the whole family. John became better able to focus on his job problems, his parents' needs, and his connection with his sons. The positive connection he had with Angie was strengthened in our therapy sessions as they both spoke about how important it had been to find each other and how committed they were to dealing with whatever might come up with their own families or children. From here they began to work gradually on integrating their sons and including John's daughter when she came home for the holidays.

COMMON TRIANGLES IN REMARRIED FAMILIES

New Spouse with an Ex-Spouse

If this triangle is presented as the main difficulty, the theme is usually around financial issues or sexual jealousy. The underlying issue is usually that the ex-spouses have not accomplished an emotional divorce.

The first step for the therapist is to establish a working alliance with the new spouse, who will otherwise most likely sabotage efforts to focus on the first marriage. Attempting to work on the resolution of the divorce by seeing either the ex-spouses alone or all three together is definitely not advisable and will probably create more anxiety than the system can handle. The only time to see the new spouse and the ex-spouse together is when there are major child problems that require collaboration. The work is likely to go most smoothly when one spouse is coached in the presence of the new spouse to undertake steps outside of the therapy sessions that will change his or her relationship with the ex-spouse. Along the way, the new spouse will have to learn to acknowledge the importance of that historical bond for the spouse and accept that some degree of caring will probably always remain in

the relationship, depending on the length of time the first marriage lasted and whether there were children.

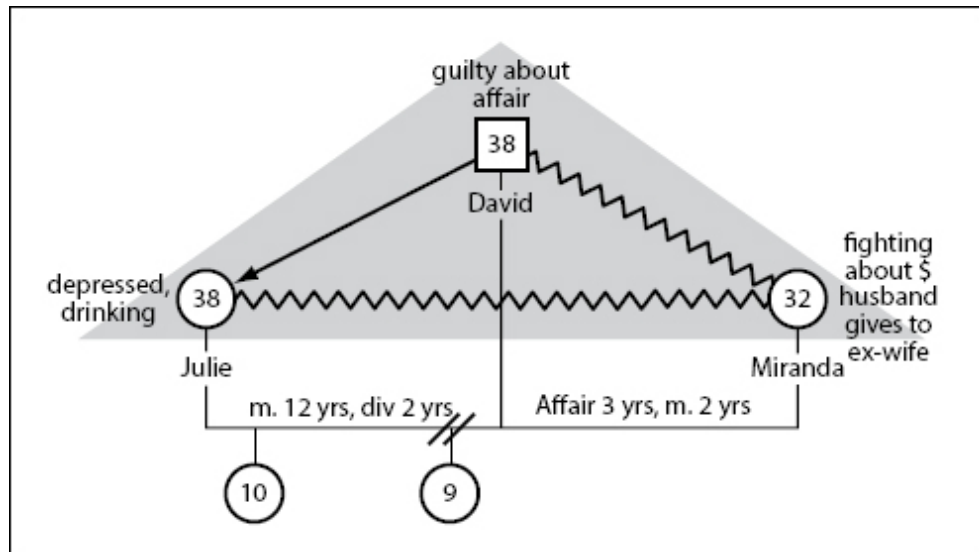


Figure 8.7: Bronson Family

Miranda Wilkins, 32, and David Bronson, 39 (Figure 8.7), came for therapy after 2 years of marriage because of “endless money conflicts” regarding David’s support of his ex-wife, Julie, and their two daughters, ages 9 and 10, who lived with their mother. In fact, both David and Miranda were successful architects and did not have reason to worry about money. David felt guilty about having left his first wife, who had been depressed, isolated, and drinking too much since their divorce. David and Miranda had had an affair at the end of David’s marriage and had married very soon after the divorce came through. Miranda felt that David put Julie’s needs over hers and gave in to her every demand for extra money, even though he was paying what Miranda viewed as “extravagant” alimony and child support. David defended Julie’s need for money and her refusal to seek employment on the grounds that the children needed her. He said that he could not “kick her while she was down.” After several sessions, Miranda began to see that David would not be free to create a life with her until he had resolved his attachment to Julie and dealt with his unresolved guilt over the divorce. She realized his resolution of this would not be helped by her urging him to fight or cut off all contact with his ex-wife.

With Miranda’s somewhat ambivalent support, David arranged several meetings with Julie, during which they discussed the limits of his future

financial support of her and their children's needs. He offered to keep the children temporarily, while she reorganized her life.

We had predicted with David ahead of time Julie's angry accusations about the divorce, and when they came as predicted, he was able to hear them out fairly well without counterattacking. In joint sessions with Miranda alternating with meetings of David and Julie and David and his children, David slowly rode out Julie's tirades about the past and responded to the children's upset about the divorce. He began to take responsibility for his part in the marital problems and his decision to divorce, and became firmer in his insistence that Julie work out a plan with him for the financial and emotional care of the children.

Eventually, when her attacks on him provoked neither counterattacks nor guilty withdrawal, Julie began to accept the reality of the divorce and to turn her attention to improving her life and the children's. With continued effort on David's part, their contact became both more friendly and less frequent. By the time they left therapy, Julie was phoning David only when necessary and had ceased her criticisms of Miranda to the children, who were becoming less hostile to Miranda. During their joint sessions and in sessions with David's children, Miranda had heard David express his sorrow at the failure of his first marriage and had learned to accept that history as part of his past without reactivity. Miranda moved very cautiously with the children, leaving all disciplinary decisions to David. Most difficult of all, she really accepted that part of their income, meaning also part of her own income, would need to go to David's children from now on.

Pseudomutual Remarried Couple, Ex-Spouse, and Child or Children

In this triangle, the presenting problem is usually acting out or school problems with one or more children, or perhaps a child's request to have custody shifted from one parent to the other. The remarried couple typically presents as having no disagreements and blames either the child or the ex-spouse (or both) for the trouble. Although requests for therapy will usually be for help for the child, the background story will usually show intense conflict between the ex-spouses, the new spouse being totally supportive of his/her partner in conflicts with the stepchild. The first move in sorting out this triangle is to put the management of the child's behavior into the hands of the biological parent and get the new spouse to take a neutral position

rather than siding against the child. This move will probably calm the situation down, but things will usually not stay calm unless the pseudomutuality of the remarried couple is worked on, permitting differences and disagreements to be aired and resolved and permitting the child to have a relationship with his/her biological parent that does not automatically include the new spouse every step of the way. Finally, work will need to be done to end the battle with the ex-spouse and complete the emotional divorce, the lack of which is perpetuated by the intense conflict over the child or children.

Larry and Nancy Lasker (Figure 8.8) came to therapy for help in dealing with Larry's son, Louis (age 14). The couple had been married for a year, during which time Louis lived with his mother, Sarah, and visited on weekends. Nancy's daughter from her first marriage, Linda (age 9), lived with the couple. Nancy's first husband, Budd, had died of cancer when Linda was 5. The Laskers reported that their marriage was extremely harmonious and that Linda was bright, cheerful, and pleasant and had an excellent relationship with both her mother and her stepfather. Louis, on the other hand, seemed to be becoming "seriously disturbed." His school grades had dropped dramatically, he was increasingly truculent and withdrawn on weekend visits, he provoked endless fights with Linda, and he refused simple requests from Nancy to pick up his belongings. Since Louis's mother, Sarah, was "an unbalanced person" who used every opportunity to "harass" them, they had concluded that Louis was "also becoming mentally ill."

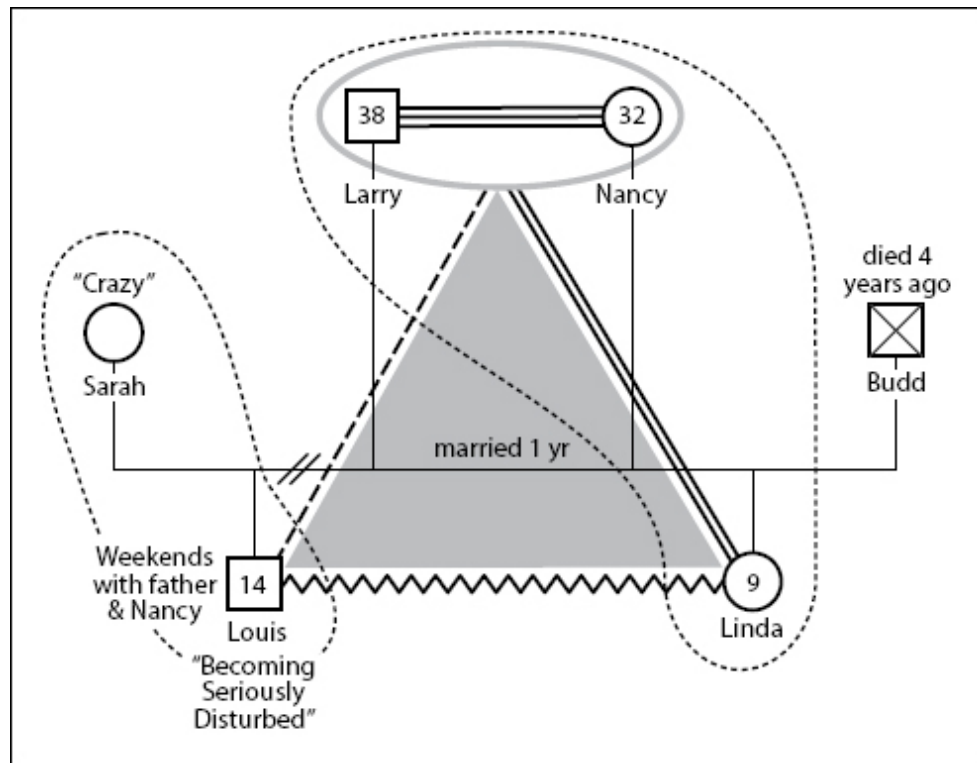


Figure 8.8: Lasker Family

Larry worked long hours and left the management of the household and children to Nancy, who, he reported, dealt pleasantly and impartially with both children. Nancy agreed, saying that she loved Louis “as if he were my son” and devoted herself entirely to the welfare of her “new family of four.” She tried her best to be polite to Sarah, but found her rude and thought that she was a harmful influence on Louis, treating him inconsistently and occasionally leaving him alone when she went on dates. Louis reported that both Larry and Nancy “hated” his mother, and he could not stand the way they talked about her. He said that his mother phoned to check on his welfare only because she knew that his father left everything to “that woman.” In therapy, Larry agreed to be the liaison to his son’s school and was put in total charge of Louis’s behavior during visits to the remarried household. He was also encouraged to take Louis on occasional trips alone. He admitted, after a lot of encouragement, that he and his new wife had some different ideas on raising boys, but he had not wanted to argue with her, since she was doing such a great job generally. Nancy finally admitted that it was difficult to be a part-time mother to a stranger. She was encouraged to rethink her role, since Louis already had a mother. When Louis’s behavior improved, the couple

agreed to work on their relations with “crazy” Sarah. As they stopped their end of the battle, Sarah’s “crazy” behavior diminished, although Larry was not willing to go very far toward resolving the old issues between himself and his ex-wife. Nancy, however, did considerable work on resolving her mourning for her first husband and was able for the first time to start telling her daughter about him and to share old picture albums with her. This work, she said, made it easier for her to enjoy her second family and not try so hard to make everyone happy.

Remarried Couple in Conflict Over the Child/Children of One of Them

The first of these triangles (stepmother, father, and his children), although not the most common household composition, is the most problematic because of the central role the stepmother is expected to play in the lives of live-in stepchildren. If the stepmother has never been married before, and if the children’s mother is alive and has a less than ideal relationship with her ex-husband, it may be an almost impossible situation. This triangle typically involves what we call the gatekeeper intervention. It is a move designed make the biological parent the gatekeeper, who takes responsibility for making room in the system for the new spouse. When a stepmother is involved, the father needs to deliver two messages to his children: first, that they need to be courteous to his *wife* (not their “mother” or “stepmother”), and second, that they are answering to *him*. The message is that the child hasn’t lost both parents. They still have one to deal with.

We typically begin by putting the stepmother on “vacation.” The stepmother should be helped to pull back long enough to renegotiate with her husband regarding what her role can realistically be. Rather than leave her and the children to fight it out, the father will have to participate actively in making and enforcing whatever rules are agreed upon. When their immediate household is in order, the husband will have to work on establishing a cooperative co-parental relationship with his ex-wife, or else his conflict with her will set the children off again and inevitably reinvolve his new wife. If the first wife is dead, he may need to complete his mourning for her and help his children to do so in order to let the past go and not see his second wife as a poor replacement of his first.

Cindy and Burt Chapman (Figure 8.9) came for marital therapy on the verge of divorce. Burt’s first wife, Sonya, had died of cancer when Burt’s

daughters were 3 and 4. He had married Cindy a year later, and she had moved into their house, which Sonya had decorated with exquisite taste. Although uncomfortable to be so thoroughly surrounded by signs of Sonya, Cindy rationalized that it would be wasteful to redecorate the house and settled into it. She listened carefully while Burt explained the girls' routines and preferences and tried to keep their lives exactly as they had been. As the years went by, with Burt criticizing every departure from "the way Sonya did it," Cindy's nerves began to fray and she became, in her own words, "a wicked stepmother." She screamed at the girls and at Burt, and they exchanged glances and whispered about her. Once, she threatened to redecorate the house but backed down in the face of Burt's anger. Now, with both girls teenagers and increasingly rude to her, and Burt withdrawn and sullen much of the time, she thought that perhaps she should admit failure and leave the marriage.

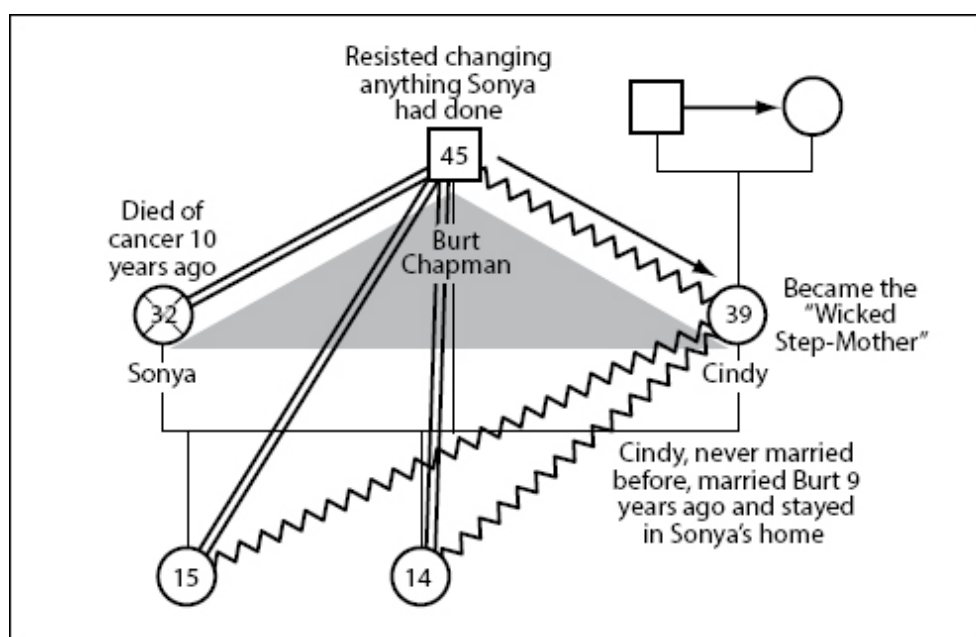


Figure 8.9: Chapman Family

The first turning point in therapy came when Burt realized that in his grief for his first wife and his concern for his children's welfare, he had never really made a place for Cindy in the tightly knit bereaved system he had created with his daughters. He had never supported her authority with them and had continued to join them in their rebellion against her. He now willingly took charge of the girls' behavior and insisted that they treat Cindy with courtesy.

As Burt and Cindy's relationship improved and rebalanced with Burt in the key role with his daughters, the girls' behavior toward Cindy began to become more civil, if not warm and friendly. Therapy then became focused on the incomplete grief work of Burt and his daughters, who visited Sonya's grave several times together. On their third visit, Jim invited Cindy to join them. After that, Cindy began to redecorate the house, hanging pictures of Sonya and of herself and Burt with their other family pictures. Throughout this period, Cindy worked on relationships in her own family of origin, particularly with her mother, who had spent most of her life resisting Cindy's father's attempts to "tell her what to do." Seeing herself in her mother's behavior, she consciously worked on being clear but flexible in her relationships so she would not become like her mother, whose rigidity had always bothered her.

Pseudomutual Remarried Couple, His Children, and Her Children

This triangle typically presents as a happily remarried couple with "no difficulties" except that their two sets of children fight constantly with each other. The children are usually fighting out the conflicts denied by the remarried couple either in the marriage or in the relationship with the ex-spouse(s). Since direct confrontation of the pseudomutuality is likely to stiffen resistance, and since the presenting problem is the children, it is wise to begin with an exploration of the triangles involving the children and ex-spouses, focusing on the welfare of the children.

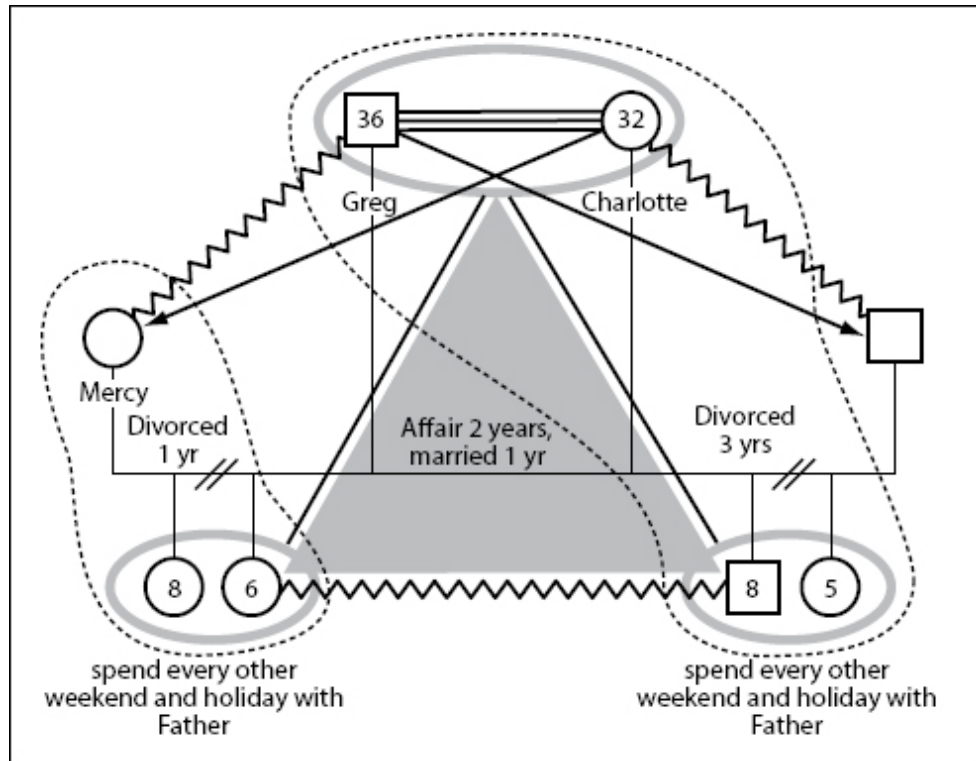


Figure 8.10: Bartos Family

Greg and Charlotte Bartos (Figure 8.10) requested family therapy because of the endless fighting between their children whenever Greg's children visited. Greg and Charlotte were in their thirties and had been married for less than a year. Their relationship had begun as an affair while Greg was still married, a fact that they believed was not known by his ex-wife, Mercy, or by his children, ages 8 and 6. Charlotte had been divorced 2 years before the affair began and had custody of her two children, a boy of 8 and a girl of 5. The couple said that they supported each other on all issues related to their ex-spouses; in fact, Greg frequently arranged the visits of Charlotte's children with their biological father, since it "upset Charlotte to argue with him." Greg's ex-wife, Mercy, was a "disturbed person," whom he could hardly deal with, so again, the new spouse, Charlotte, had taken over negotiations with the old one, Mercy. Charlotte had assured Greg that if Mercy's "irrationality" became too disturbing for his children, she would support him in attempts to gain custody and raise them with her children.

The initial suggestion was that Greg and Charlotte take over dealing with their own ex-spouses. Neither of them could see any connection between their problems dealing with their ex-spouses and their children's battles with

each other, so the therapist spent several sessions discussing with them the general topic of children's loyalty conflicts in divorce and remarriage and the time it usually takes families to stabilize in a stepfamily constellation. When this registered with Greg, he began efforts to improve his relationship with Mercy. Greg and Charlotte's pseudomutual cover was blown as Charlotte collapsed in tears, threatening separation, termination of therapy, or anything else that might deter Greg's change. In subsequent sessions, she confessed strong feelings of guilt and insecurity because of the affair, fearing that she had "taken Greg away from his wife, who would therefore be justified in trying to take him back." Eventually, Charlotte came to recognize that the hidden agenda in her offer to raise Greg's children was the wish they both had to eliminate contact with Mercy. With the issues now on the table, Greg and Charlotte became more understanding of the therapist's suggestions that they each deal with their own ex-spouses and manage their own children. Paradoxically, when they began functioning more separately, the conflict between the two sets of children abated and they began getting along better. The work of each partner with his/her ex-spouse was intense and difficult, and they threatened to give it up or divorce each other many times during the process. The lack of time between Greg's marriages made his struggles about his guilty attachment to Mercy particularly intense, which triggered Charlotte's guilt and insecurity. Only after they began working on their families of origin could they begin to understand and take responsibility for their own contributions to the failure of their first marriages. Feeling less like victims, they were then able to reduce their tendency to huddle together helplessly against the "outside."

Parents, Biological Children, and Stepchildren

As in the previous case, this triangle may present as simple household conflict with the parent caught in the middle between his/her biological children and stepchildren. It is, in fact, quite complex, always interlocking with the triangle involving the remarried couple (who may have either a pseudomutual or a conflictual relationship) and the triangles with both ex-spouses.

Joyce Green (Figure 8.11) sought a consultation to help her resolve a battle with her husband, Mark, regarding his siphoning off funds to "secretly" give to his daughters. Mark and his ex-wife, Trudy, had shared

custody of their two daughters since their bitter divorce 15 years ago. Joyce and Mark had met at work, where she was an administrative assistant and he an auditor. This was only 6 months after her husband had died suddenly in an accident and just a few months before Mark had separated from Trudy.

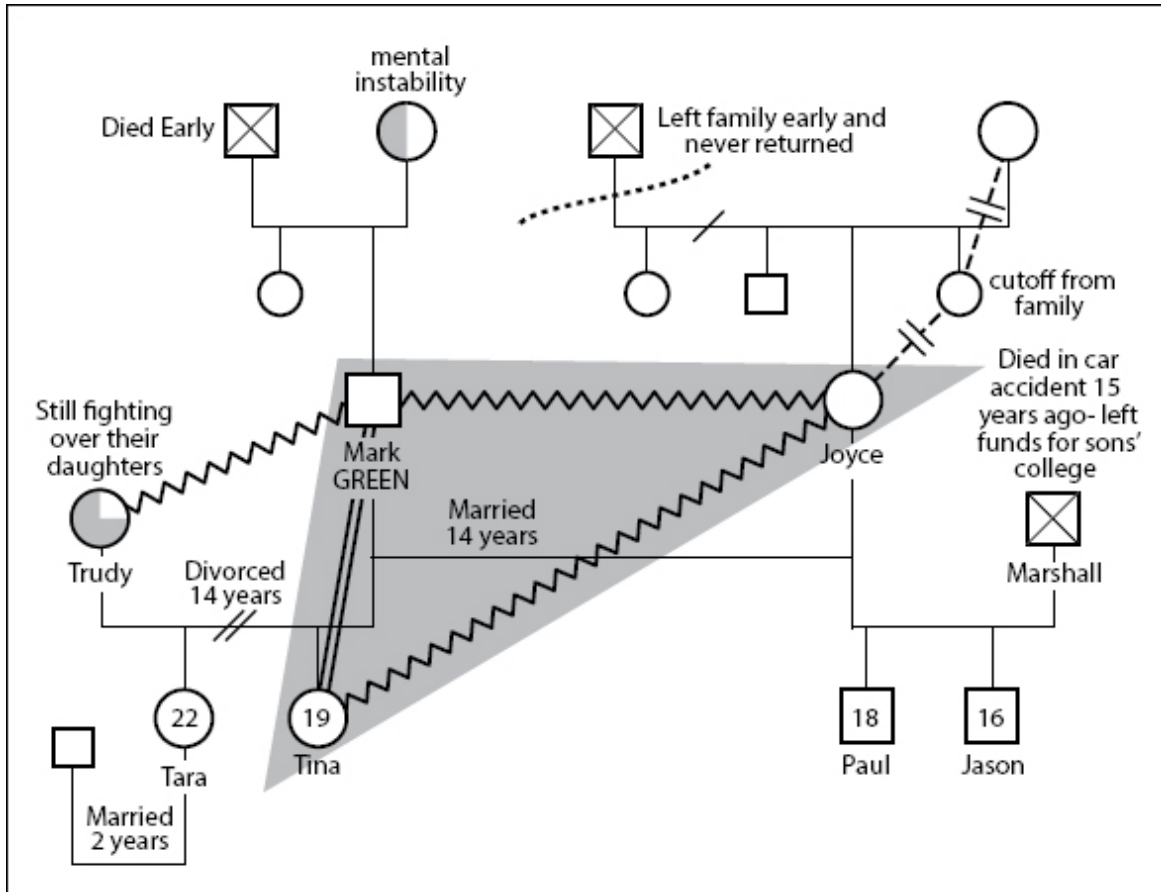


Figure 8.11: Green Family

They had begun an affair and he soon left Trudy, only after Joyce promised to give up work to care for his daughters if he got custody, because he feared Trudy's drinking, depression, and unstable behavior would otherwise put his daughters in jeopardy. Joyce agreed and moved to working part-time, but she could not find a way to develop closeness with either daughter, especially Tina, who was "rude, brash, and always scheming" behind Joyce's back, as Joyce described it.

Mark had developed a fairly good relationship with Joyce's sons, but Mark's daughters were never comfortable in their home, nor perhaps in their mother's home, either. Tara had gone to state college and married early to someone who had dropped out of school and joined the military. Tina was a

good student and was interested in going to a good college. Mark had been laid off at work and was struggling financially. At the same time, Joyce's older son, Paul, had just been accepted at a good private college and there was no question he could go there because of the funds his father had left for him. Mark was deeply resentful that he had supported Joyce all these years and now she was not willing to share the monies her first husband had left for her children. Joyce for her part was bitter that Mark let his daughters "walk all over him" and all over her as well and never set limits on them. She no longer wanted to entertain them, cook for them, or consider them part of her family, unless they apologized for their rudeness and did more to help around the house.

In 14 years of marriage, Mark and Joyce had still not become a family. In spite of the long time the couple had been together—since the children were beginning elementary school—the family had never achieved integration or even stabilization. Many factors had probably influenced these difficulties. The couple's relationship had begun almost immediately after Joyce's husband died and before Mark had a chance to work out what he wanted to do about his very unhappy marriage to a woman who had real difficulty managing their children. Mark's own father had died early, and his mother had struggled for years with mental illness, leaving him and his sister to fend for themselves from an early age. Joyce came from a family with many cutoffs and had decided she had "had it" with Tina in particular. In reality, she was probably struggling to face her disappointment that Mark's career had turned downward after she had sacrificed so much of her own career to be a stay-at-home mother. And this had followed her tragic and sudden loss, after a promising early life with her first husband.

Both spouses had to get centered within themselves and decide that they were willing to face their situation before they could work toward some stabilization of their situation. Mark's work involved primarily exploring the connections between his family of origin issues with his dysfunctional mother and his fears and anxiety about dealing more definitively with his ex-wife, rather than hoping that Joyce would somehow be able to make his daughters "okay." Joyce had never really mourned her first husband's loss and had to face now in midlife that her children were growing up. Although it was late, she needed to develop her own career, rather than wait for Mark to become the "good provider" she kept expecting him to be. Instead, she could be glad that he was much more committed to spending time with the

family than either her first husband or her father had been. Once she threw herself into making up for lost time with her own work life, she reestablished herself as an administrative assistant, taking courses in accounting, which she had always loved, and improving her computer skills to get herself up to date in the work world.

In the meantime Mark committed himself to developing the best relationship he could with both his daughters, letting go of frustrations about what Trudy or Joyce could or should have done as “good mothers” and resolving instead that his task was to be the best parent he could be and to be as straightforward as possible with Joyce about what he was doing so that she would not feel further undermined. Joyce, on her part, eventually concluded that there were certain monies her first husband had left under her control that should be more evenly shared for the whole family. Mark began taking more responsibility for the second-shift tasks Joyce had handled before, and let go of his expectations that she should provide for his daughters.

In the end both spouses were able to achieve better integration of their family, even at the point in the life cycle where their children on the verge of launching. They managed this by letting go of preconceptions of their own roles and of the role they expected of each other and by increasing their flexibility about the meaning of marriage today as a complex mix of work, home, and personal possibilities.

Remarried Spouses and Parents of Either

This triangle features the in-laws as part of the presenting problem, but relationships with the grandparents’ generation are as crucial in remarried families as they are in all other families, and their exploration should be a routine part of any evaluation. The presentation of the older generation as part of the current problem is most likely to occur if they have disapproved of the divorce and remarriage or have been actively involved in caring for their grandchildren before or during the remarriage.

Richard and Carol Bendix (Figure 8.12) had been married for 2 years when they came for couples therapy. Richard was a 45-year-old businessman who had been previously married to Emma, who had custody of their three sons, the oldest of whom now lived with Richard’s parents “because of the excellent high school in their town.” Carol, was 15 years younger than

Richard and Carol had never been married before. Richard said that their major problem was that Carol constantly fought with his mother and put him in the middle. Carol stated that Richard's mother had never accepted his divorce or their marriage and that she talked and acted as if Richard were still married to his first wife, with whom Richard's mother retained a very close relationship. Further, Carol complained, she had not yet had a honeymoon. Every weekend was devoted to entertaining Richard's children either in their small New York apartment or, worse, at Richard's parents' home in the suburbs, where he had spent his weekends with his children before his remarriage. Carol said her mother-in-law was cold and hostile toward her, interfered with every move she made toward Richard's children, and spoke constantly of Emma's loneliness and financial difficulties. When Richard and Carol stayed overnight, his mother insisted that the younger children share a room with them rather than "mess up" the living room. Richard never called his mother to task for any of this, but expected Carol to "understand that she means well."

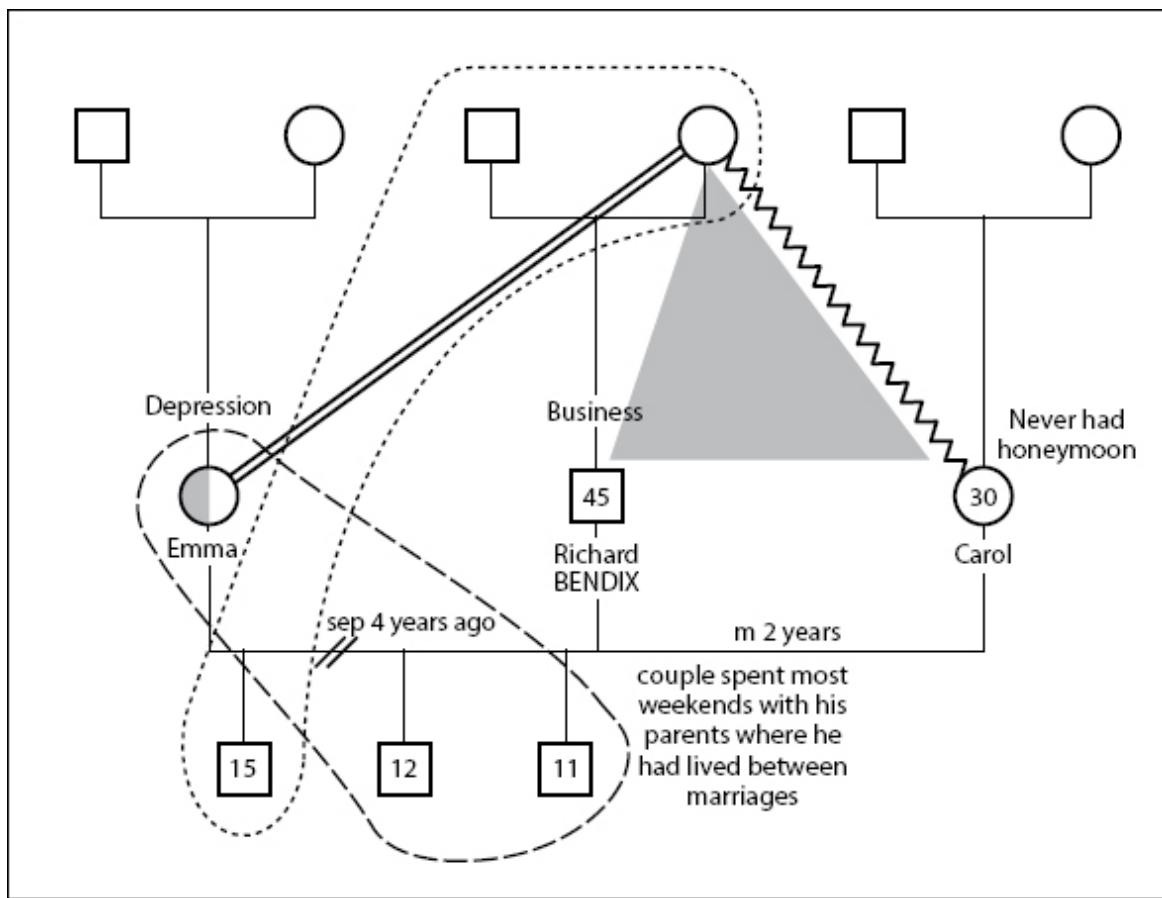


Figure 8.12: Bendix Family

Since both Richard and Carol wanted their marriage to work, they negotiated a deal whereby Richard would clarify the boundary of his new marriage with his parents, his children, and his ex-wife, and Carol would stop criticizing and arguing with her mother-in-law.

For a start, Richard and Carol took a belated honeymoon trip over the objection of his mother that he should not leave his children for such a long period. Thereafter, however, Richard's part of the bargain was easier said than done. During the extended period that he spent renegotiating his visitation arrangements, resolving his guilty attachment to his first wife, and reworking his relationships with his parents, there were many eruptions throughout the system. His middle son started failing in school. His older son returned to live with the ex-wife, Emma. Richard's father had a heart attack, and Emma was hospitalized briefly for depression, requiring the oldest son to make yet another move to live with his father. With each upsurge of tension, Carol was pulled back into conflicts with her mother-in-law. These occasions lessened considerably when she started serious work in her own family of origin, from whom she had been estranged since her marriage. Although very pleased with the outcome after several years of intensive work, Carol said that she had "aged 10 years trying to work out a marriage to a whole family instead of just to one person." During the course of treatment, the therapist involved all the family subsystems in sessions: the remarried couple alone; Richard and his children; Richard and his parents; Carol and her parents; Emma and the children; Emma alone; Emma and her parents; and once, Emma, Richard, Carol, Richard's mother, and the oldest son.

We routinely contact an ex-spouse and invite him/her to meet alone or with the children to hear our opinion of the children's problems that have been brought to our attention by the remarried family and to learn their perspective on the situation. When we inform the family of our intention to do this, we are frequently warned that the ex-spouse in question does not care, won't respond, or is crazy. Nevertheless, such phone calls frequently locate a concerned parent who is perfectly willing to come in, although warning us that our client is crazy. These ex-spouses can frequently be engaged in subsequent sessions alone or with the children.

The typical triangles in divorced and remarried families are just examples of triangles, conflicts, and cutoffs that occur in all families, and they are key patterns to look for in working systemically with families. It is

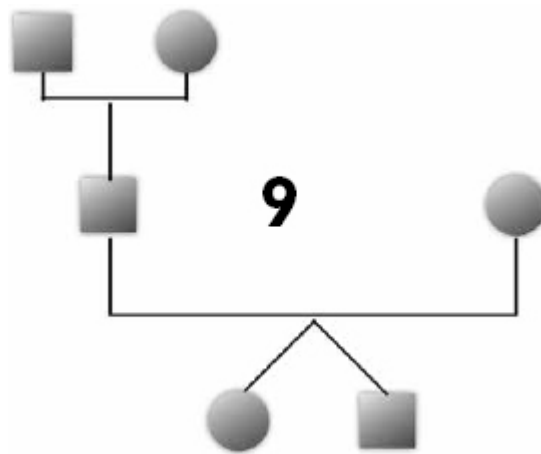
always helpful to be on the lookout for triangles, to teach clients to recognize them in their own genograms, and especially to study their couple issues in the light of interlocking triangles in their larger system, both with families of origin and with work and friendship systems.

CLINICAL QUESTIONS TO ASK ABOUT COUPLE ISSUES

- ▲ What attracted spouses to each other? What led the partners to choose each other out of all the people in the world?
- ▲ What made them decide to marry?
- ▲ What are the stories told in each family of origin about how other couples in the family got together?
- ▲ What were each spouse's underlying dreams and fears about marriage?
- ▲ What messages got passed from one generation to another about couples?
- ▲ Are there coincidences in timing between the couple's marriage decisions (when partners met, fell in love, decided to marry, began to live together, or began to have marital problems)?
- ▲ What unresolved issues do spouses think they brought from their families of origin or from previous relationships into the marriage?
- ▲ How did partners' characterizations of each other change from the time of their courtship through the marriage?
- ▲ What are the typical marital patterns in each spouse's family of origin: underresponsible/overresponsible partners, competition, the tyrant/battleax and the doormat/mouse? Fiery foes? Mutt and Jeff? Tweedledum and Tweedledee? Hand and glove? The caretaker and the patient? The obsessive and the hysteric? The silent clam and the babbler?
- ▲ Did couples get into power struggles? Were they conflict avoiders? Ships passing in the night?
- ▲ Are there typical triangle patterns with children? Mothers-in-law? Work? Friends? Sports? TV or the Internet?
- ▲ Are there typical gender patterns, such as long-suffering or loud, critical women? Men who leave, drink, yell, or hide behind work, computers, or TV? Women who are frustrated impresarios? Men who are impulsive and frightening?

- ▲ Are there patterns of long marriage? Divorce? Late marriage? Remarriage? Happy marriage? Affairs?
- ▲ Are there family messages about marriage, such as that men are dangerous? Marriage takes away your freedom? You can never be happy unless you are married?
- ▲ Have family weddings typically been traumatic affairs or happy gatherings? Elopements? Large and lavish?
- ▲ Do couple conflicts tend to center on money? Sex? Children? Leisure activities? Food? Religion? Politics? Mothers-in-law?
- ▲ Have spouses tended to move up or down in social class? To marry those who are similar or into a different cultural group altogether?
- ▲ How do couples in the family negotiate the use of space? Time? Money? Where and whether to go on vacation? Family rituals, such as holidays? Relationships with extended family? Friends? Co-workers?
- ▲ Are parts of the family tree missing or blurry because of divorce, early parental death, or in-law triangles? Can spouses gain the courage to deal with the loyalty conflicts, jealousy, or sense of betrayal others may feel in order to reclaim the whole family?

1. This chapter, especially the section on divorced and remarried families, owes a tremendous amount to my years of collaborative work with Betty Carter. We taught and wrote jointly on this subject for many years, and I hope her clinical intuitions and clear thinking are well reflected in this chapter, which I dedicate to her.



Families with Children: How to Use Family Play Genograms

Children must always be considered in the context of their families, communities, and culture, which is why the genogram is the natural starting place for any child assessment. Parents, siblings, grandparents, and anyone else who has played a role in the child's development is of obvious importance. For these reasons, our rule of thumb is never to undertake work with children without working with their parents at the same time. But other resources may be needed as well, and many children fall through the cracks in our society due to our society's lack of commitment to the health, well-being, and educational development of all our children. We stand out among the world's developed nations for our lack of commitment to the care, education, and health of all our children and for the support of their parents. These enormous problems cannot be solved in the psychotherapy of an individual family. But our assessment must at least acknowledge when children's developmental needs are not being supported and as well as when parents are not able to provide what their children need in terms of nurture, safety, and encouragement.

It is surprising how often children's context is ignored in assessment and clinical practice generally. Much too often the primary orientation to diagnosis and therapy these days reduces the human problems of children, and really of everyone else, to symptoms, viewed completely out of the context of family, community, or culture. Children are often assessed and dealt with as if they existed in a vacuum and could be treated with minimal knowledge of or contact with their families.

Therapists may never even meet the father ("He's too busy and has to work"). Mothers are often the ones assigned the administrative task of taking a child to therapy, usually with the idea of dropping him or her off and having only minimal conversation with the therapist. This seems at the very least an inefficient way to deal with children, since their primary resources and certainly the ones they spend the most time with are usually family members. Helping parents to be more effective in dealing with their children is obvious good practice.

Therapists can all too easily become the problem rather than the solution if they become more connected to the child than the parent is. This sets up a triangle (Figure 9.1) in which the closer the therapist is to the child, the more the parent is likely to be left out of the healing process. It is never a good idea for parents to be in the outside position in relation to their children's well being. So starting with a genogram is, first of all, a good reminder of all the key people in a child's life.

Perhaps we should start thinking about assessment and therapy by focusing on what children need for healthy development. The basics, as we know, are not rocket science (see Figure 9.2).

The major reasons parents cannot manage these tasks is usually not because they don't know about these basic needs, but because something in the larger context of their own lives interferes with their parenting. Thus, again, the genogram is the key for assessing what may be interfering with parents' providing what their children need for healthy development. When parents experience major stresses or lack emotional or financial resources or supports, they often cannot focus on or provide for their children's developmental needs. Such stresses may relate to poverty or mental illness, or to dysfunctional patterns coming down the family tree that have the power to organize family relationships in ways that are detrimental to children. Our assessment must examine whether children's developmental needs are being met; whether their families have the ability to do what their

children need in terms of consistency, safety, and nurture; and what resources need be brought to bear to help children grow up healthy and able to relate to others.

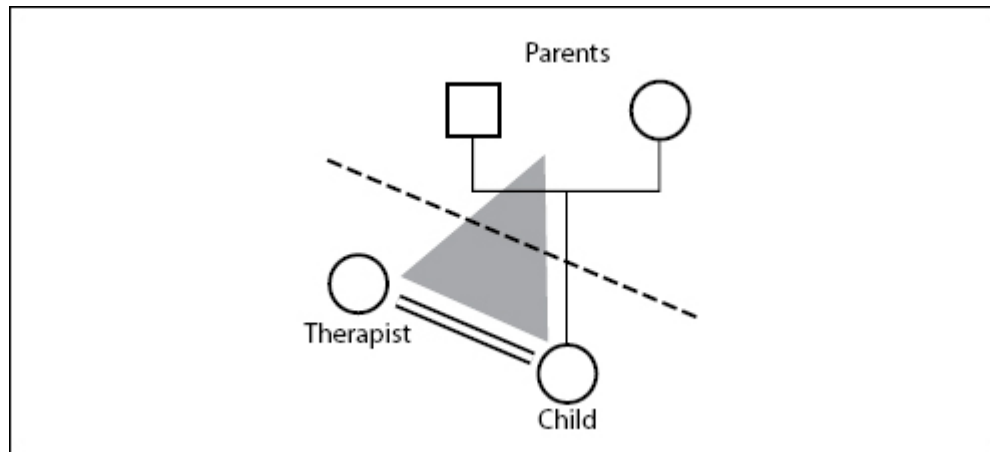


Figure 9.1: Triangle Likely To Form When Parents Are Not Part of Therapy With Children

Nurturance and Support:

- For their physical, intellectual, emotional, and spiritual growth
- For the development of relationships to others
- For learning to manage their feelings and behavior
- For learning to take care of themselves
- For developing a sense of themselves
- For developing a sense of “home base,” consistency, and safety

Figure 9.2: What Children Need

Often, when parents have had harsh or negligent families themselves, they have a hard time seeing their children as children, forgetting that parenting requires efforts that are not reciprocal, since children are not able to care for themselves. They rely on adults to keep them safe and help them grow. Therapy in these circumstances will entail helping parents see their children as they really are and resolving their own unfinished developmental needs, so that they do not carry unhealthy patterns down another generation. Therapy will need to focus also on protecting children from overexposure to adult conflicts, stresses, and psychological or physical problems that they do not yet have the maturity to handle. Thus, a major issue in assessment is whether all family members are functioning within the parameters and requirements of their life cycle stage (McGoldrick,

Garcia-Preto, & Carter, 2016). In other words, are children's needs being met by the adults in their lives and are adult issues being dealt with by adults rather than children being drawn into adult problems?

An obvious problem is triangling where parents draw children into their conflicts as caretaker or as a surrogate spouse or friend. Children should never be drawn into adult conflicts, since it distracts from their life stage tasks for their own emotional, intellectual, physical, relational, and spiritual development.

Child problems typically show up with developmental backsliding such as bed-wetting after they have been toilet trained, or throwing tantrums after they have outgrown the age at which tantrums are common (about age 2). They may become fearful where previously they had been outgoing. They may develop difficulty sharing with others or taking instruction from adults. Their school behavior may become problematic through withdrawal, fighting, or distracting others from the tasks at hand. Whether they tend toward physical or behavioral symptoms may depend on many factors, genetic and contextual, but therapists always need to assess the child's environment to see what s/he may be responding to in both developing and managing symptoms.

EXPLORING TRIANGLES

Exploring family triangles on genograms is one of the most helpful tasks for assessing and intervening with families during the childrearing phase of life. We explore current triangles in the immediate and extended family, including triangles in the siblings' families and those in parental families when each parent was growing up. Typically triangles in the immediate family reflect generational boundary problems, where parents are either overinvolved or underengaged emotionally with their children. It is very common for triangles to develop in families during this phase of the life cycle. The more the triangles disrupt the required hierarchy between parents and children by interfering with children being children and adults being adults, the more dysfunctional the triangling is. This has nothing to do with the appropriate patterns of older children taking responsibility for monitoring and helping younger siblings. Such mentoring and caretaking is appropriate and necessary, as long as it occurs within the limits of what the

older siblings can manage and of their being cared for themselves and mentored in what they are doing with their younger siblings.

Generally speaking, the childrearing phase of the life cycle is what we call a centripetal time in life, a time when families naturally turn inward because of the needs of their developing children for nurture, safety, and continuity. Parenting requires that parents and others focus inward on the developing needs of their children. Other phases of life, such as when children are launching, are often thought of as centrifugal—that is, when the natural evolution of the system requires expansion, rather than moving together. But in the early years, children’s developmental needs are such that parents and other caretakers need to be focused in on “growing children up.”

Perhaps the most common parent-child triangle of all is a mix of a centripetal mother, who is enmeshed or fused with the child, and a centrifugal father, who is distant or cut off. Such triangles are probably so common because they have largely been supported in the dominant culture, where fathers have been expected to be distant “providers” and mothers the “in-home nurturers” of children. These patterns are no longer functional, if they ever were, so the parental triangle of mother overclose to and father overdistant from a child is not healthy. If one partner, usually the father, becomes the more distant, and the other, usually the mother, becomes overengaged with the child, the imbalance may stabilize the system for a time or even permanently, until other life cycle needs such as launching challenge the structure.

Triangles can develop in either a centripetal or centrifugal, or in a lopsided one in-one-out pattern during the child rearing phase, depending on the family’s contextual constraints, history, and the needs of the child.

Figure 9.3 illustrates common triangles formed when the couple divert issues in their own relationship by focusing all their energy on the child. This often emerges from the initially loving focus on the child into overfocusing on the child in an enmeshed family pattern. As the child grows and needs to have more autonomy and to expand relationships with others, this triangle may become one where parents hold on to the child, who may become sick or dysfunctional which holds the parental focus.

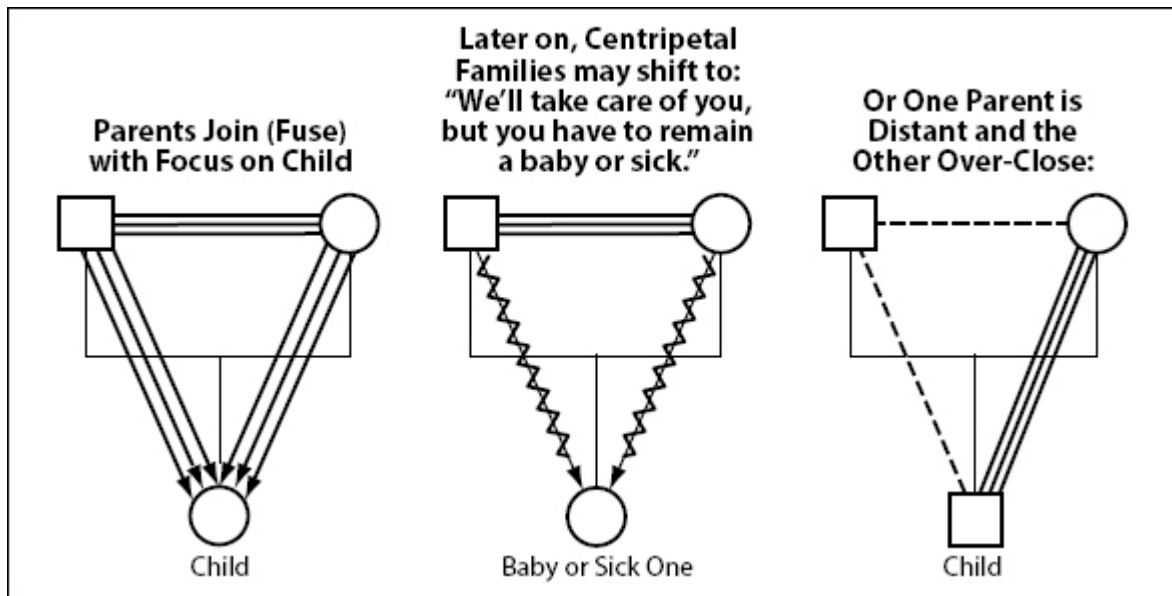


Figure 9.3: Centripetal Triangles

In centripetal triangles children's needs may become the primary or sole focus of parental attention, with parents overinvested in the child's development, perhaps as a displacement of their own ambitions. If parents are in open conflict, it is distressing to a child, but if a parent tries to draw the child in to take care of him or her, the generational boundaries are disrupted and the potential for dysfunction is increased. The child may become the "baby" or "problem" that binds the parents together.

Centrifugal triangles (Figure 9.4), on the other hand, occur when parents are either too involved or fused with each other to pay attention to their children or are in serious conflict and ignore their children's needs—not being engaged enough with their children's development. At times this situation creates a context where the oldest child takes over, basically raising the younger ones in the absence of adult supervision. Other times, if children have been abused and/or neglected by parents who do not attend to their needs, they begin to act out or withdraw. They may be seeking outside attention to their dilemma, trying to get someone to notice that "the house is on fire," so to speak. Indeed, it is very common for children's symptoms to be a call for help to the whole system, children being barometers of the family situation, giving a message to the larger context by their behavior that they need more support or attention than they are receiving.

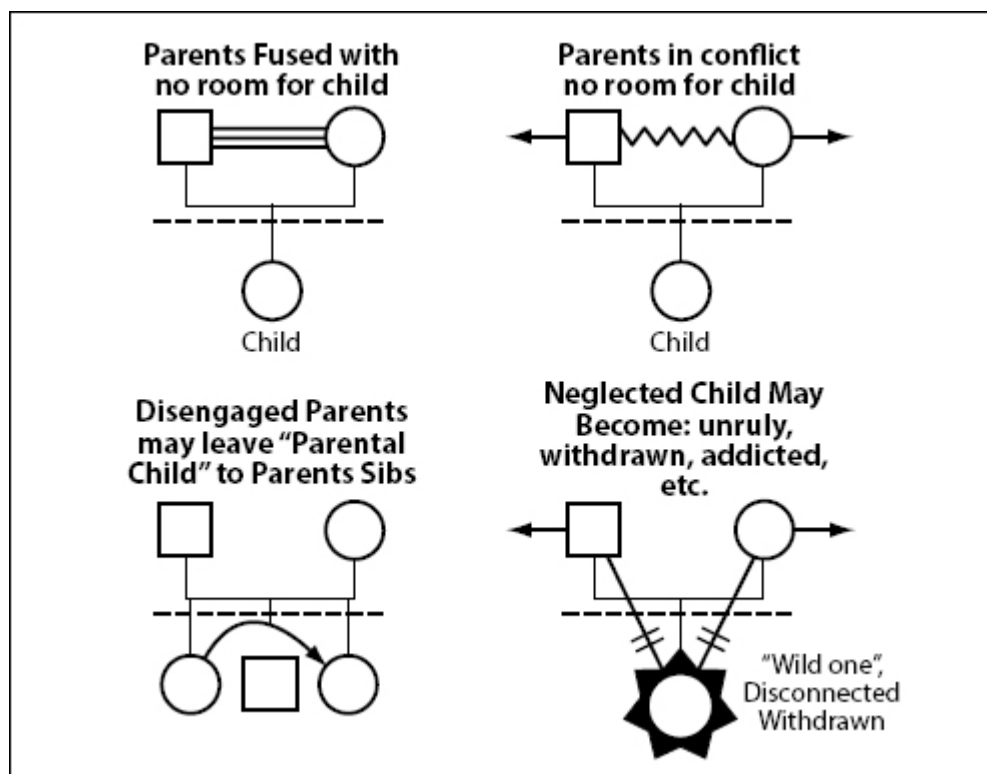


Figure 9.4: Centrifugal Triangles

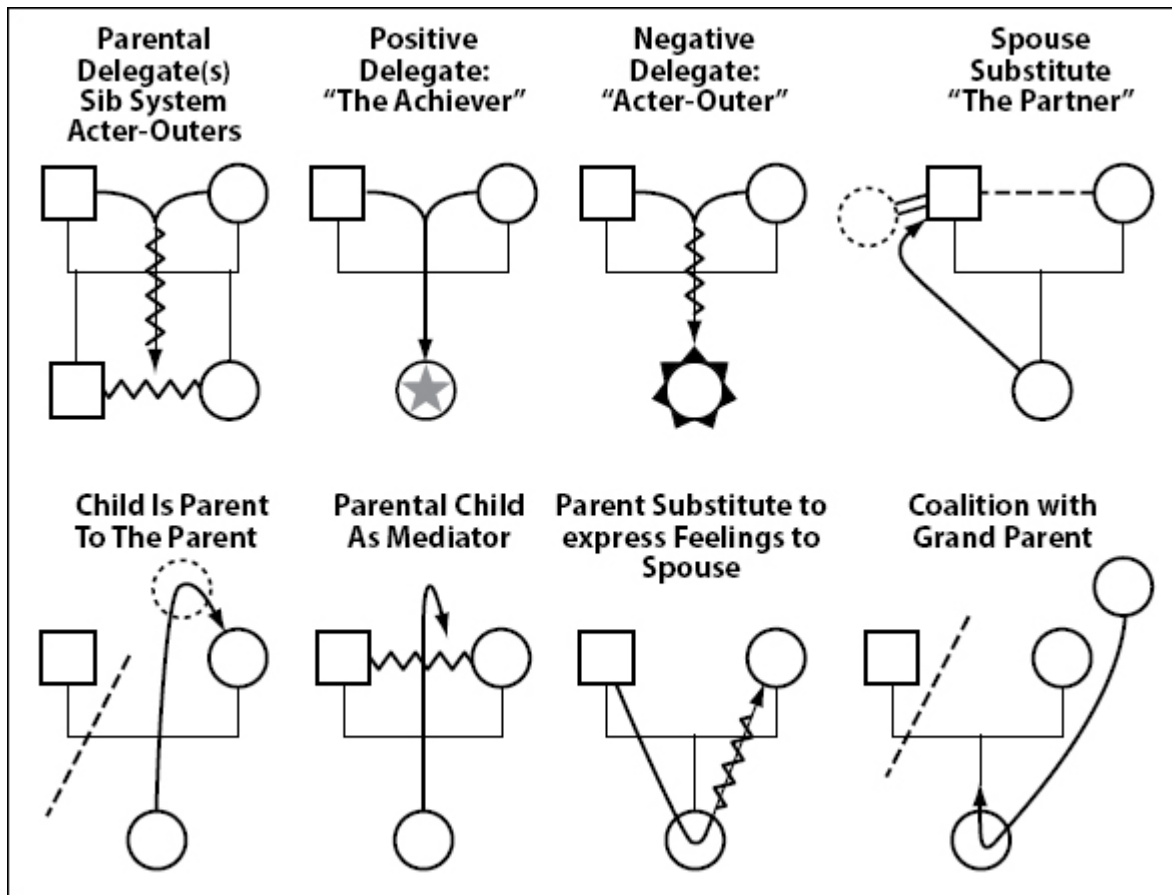


Figure 9.5: Parent/Child Triangles

Figure 9.5 illustrates various ways children can get drawn into family triangles. Triangles may evolve where sibling conflicts reflect problems the parents are avoiding, or children may be delegated by parents for achievement or acting-out behavior. A child may become a spousal substitute or partner to a parent, who feels abandoned by the other parent. Sometimes children become the mediator for their parents' conflict. Or, especially if one parent is distant and the other is underfunctioning, a child can actually begin to act like a parent to the parent, telling her or him what to do. (This is much more common for adolescents, who do it as part of their effort to grow up, attempting a redefinition of parent-child relationships by trying to act like the parent themselves.) At other times a child will act out toward one parent the covert issue the other parent is avoiding. For example, if one parent is intimidated by the other, a child might begin aggressively dealing with the other parent, challenging the very issues the parent does not dare to express.

There are also triangles (especially common in single-parent three-generational households) in which children may become more attached to the grandparent than to the parent, who often ends up becoming the outsider in the system. Such patterns are especially common with teenage parents who raise a child with their own parents. In that situation the teenage parent is very likely to remain more a child to her parents than a parent to her child. She may act more like a sibling than a mother to her child. But this triangle is likely any time a single parent returns with her child or children to live with her parent.

In triangles where children are drawn in by another parental figure, like a grandmother against the parent, children easily get into alliance with a “good” grandmother against a “bad” or “inept” mother. In such situations our job is always to help to de-escalate the conflicts, open all lines of communication, and try to help the family maneuver the child out of any inappropriately overresponsible or triangled situation. But this can only happen by exploring the triangles in the context of the overall genogram. We must also beware of making the child responsible for the “work” of detriangling, which is not the child’s job. It is the adults’ job, and often they need our help to do this. So we work very hard to pull children out of the conversation and press the adults to manage their business with each other so that they can collaborate in raising the children, rather than drawing children in as surrogate adults.

Our clinical task becomes to help families see these stuck patterns and open the lines of communication to create a safe and stable developmental structure for their children to receive all the adult support and nurture they need to grow up secure and healthy. All the triangular patterns we are describing lead to problems of fusion and distance or cutoff. Therapy typically involves helping family members detriangle so that all parents and children can be appropriately connected.

One important thing to keep in mind about triangles is that what you see is not always what you get. Triangles may be hidden. Parents may overtly act as if they are in agreement, and it may take a while to recognize that there is covert disagreement and a secret alliance between one parent and a child. Covert triangles are the most problematic and can have the most dysfunctional impact of all on families. If a child’s alliance with one parent must be kept secret and cannot be acknowledged, the child is drawn into a

covert relationship that may have a serious dysfunctional impact on the child.

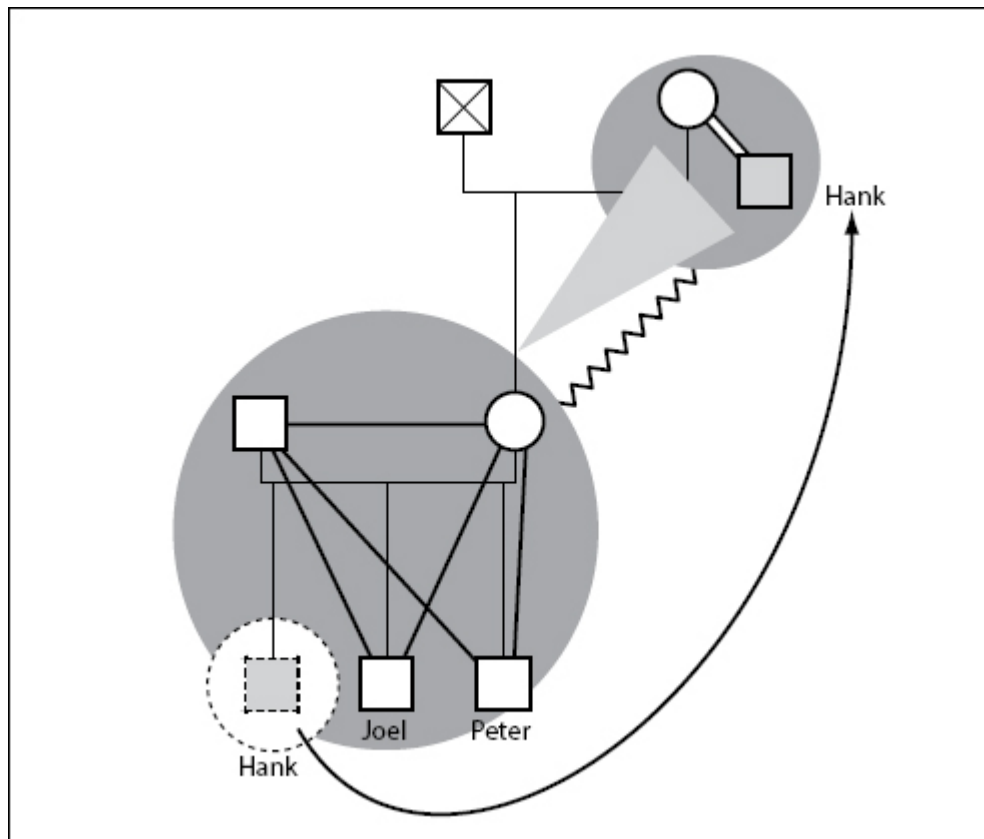


Figure 9.6: Levy Family Triangles

In other families (Figure 9.6) there might be a buried secret, such as happened in the Levy family described in [chapter 7](#), where the oldest son, born shortly after the maternal grandfather had died, had been basically sacrificed to the maternal grandmother in a covert emotional pact, which meant that the grandmother would stay out of the way, even though she was living upstairs. The grandmother was “given” the first son, Hank, who then became extruded from his immediate family. They became a very “fused” foursome, having excluded him as “the bad one.” Not recognizing the pattern, the family continued to think until well into adulthood that Hank was just “the bad seed.” One would need to explore the previous generation’s relationships in order to understand what happened to bring the parents to sacrifice Hank to the grandmother and allow him to be extruded from the “downstairs” family. Questions to ask would include: What was the grandfather like? Were there ever previous situations where a child was

given away? What went wrong with the mother's relationship with her own mother that she was willing to support her but not involve her in their family in a more inclusive manner? What in the father's own family history might have led him to participate in such an arrangement? What in the parents' own sibling patterns allowed them to permit their younger sons to extrude their older brother from their siblingship? The point is that we always need to look at the larger context to make sense of the triangles we begin to see in front of us.

Most triangles you will see in the immediate family situation reflect similar patterns in the extended family. They can only be understood by exploring the larger context. If both parents grew up in families with overinvolved mothers and absent fathers, they may take that pattern as the norm. Or, on the other hand, they may feel special urgency to change the pattern, which may be jamming the circuits.

In one family where the father was becoming abusive in correcting his 12-year-old son, we learned that his own brother, age 40, had never left home and was still being cared for by the parents. The father had watched this pathological pattern evolve in his own family and was determined not to let that happen again. For her part, the mother was aware of her husband's driven behavior, but came from a family in which her mother never challenged her father's behavior and she had fallen into accepting that as a norm. Therapy involved both parents challenging the stereotypes they had grown up with and forging new patterns with each other and with their son.

Genograms are an essential part of all assessments. We must look at the individual development, the family's patterns, and the social context to see what intervention is needed. Children may have needs that require more patience or attention or physical resources than parents are equipped to manage. Any assessment needs to take account of the child's abilities, those of other children in the family, and the parents' abilities to provide what the children need, including extra resources for their children's support where necessary. Therapy becomes a matter of facilitating families' drawing on whatever other community resources may be needed to provide children with the nurture and support to grow up to be the best they can be. Parents must not be blamed for not being able to provide all that their children need. At any points where children have special needs, out-side resources and respite services are essential for parents to help their children grow up.

BROTHERS AND SISTERS IN CHILDHOOD AND ADOLESCENCE: ALLIANCES, TRIANGLES, AND DISCONNECTIONS

As soon as parents have a second child, we have to take into account the geometrically more complicated patterns that develop as parents and extended family evolve their relationships with each child and children evolve their relationships with each other. Siblings are, in fact, generally our longest relationships in life. There is no way to deal with children without exploring their sibling patterns, just as it would make no sense to deal with children in therapy without knowing their parents.

We are talking about interlocking triangles, where each child serves a different role in the family, as we discussed about Alisa Bahr's family (Figure 6.7, see p 153) when we first explored triangling in families. Common sibling triangles (Figure 9.7) include the situation where two siblings join against a third, who becomes the scapegoat. This might be the youngest, or a dysfunctional sibling whom the other two are enjoined to protect. Other common sibling triangles involve parents with a "good" child and a "bad" child, and situations where parental issues get deflected by each parent having an alliance with one child, the children's own relationship being sacrificed to parental needs and the parent's ability to work out his/her issues with the other child sacrificed in the process. We will be discussing this more in the next chapter on adult sibling relationships, which tend to follow from these common childhood patterns. Therapists should beware of ignoring siblings, when one child has become the identified patient. We must ask ourselves how the very labeling of the child influences the sibling patterns and what price the child pays in her/his connection to siblings when s/he is given the label of "family problem" or of overresponsible sibling caretaker?

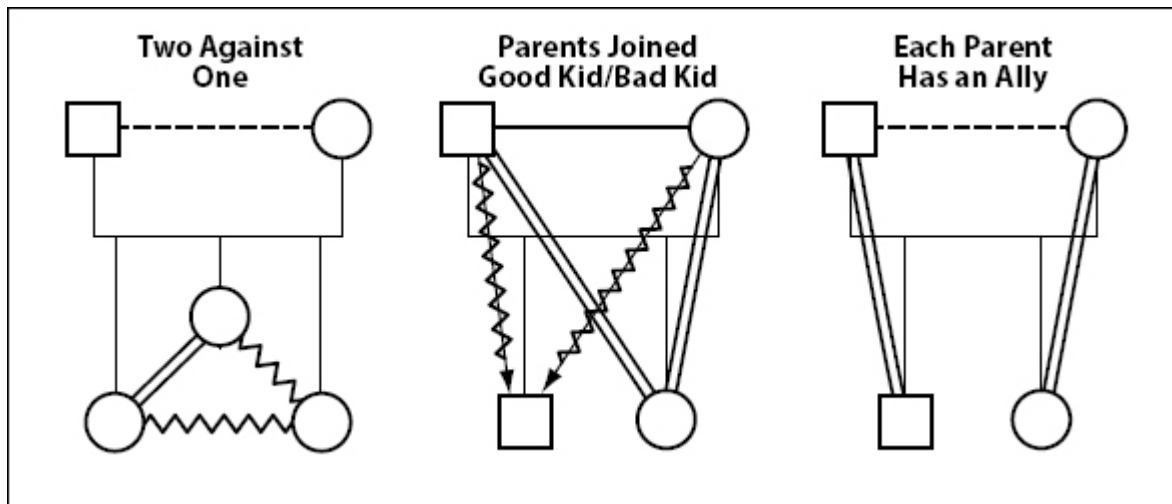


Figure 9.7: Common Sibling Triangles

A complicating aspect of these and all triangles is that they may be covert and not openly acknowledged by the family. We know that when relationships are not acknowledged openly, the likelihood of family dysfunction is greatly increased. Thus, if one child is in a secret alliance with a parent, the cost to the child may be extreme. When both parents are engaged in a covert alliance regarding more than one of their children, all siblings will be in serious jeopardy.

In general, the systemic hypothesis as it relates to sibling patterns (as well as parenting and other patterns) is that whatever patterns people have grown up with are the patterns they are most familiar with and, all things being equal, the ones they will be most comfortable with as adults. Patterns people have not experienced at home will have to be learned anew as they evolve relationships beyond their original family.

Many factors influence sibling relationships (see Figure 9.8), and we should explore them carefully and consider the impact of the given sibling constellation in relation to the parents' own backgrounds as well as in relation to the presenting problem and possible underlying triangles.

It is commonly thought that children who are more than 4–6 years apart in age grow up more like only children than like siblings, although this might not be the case if there are particular stresses in the extended family that draw the siblings together.

Issues Influencing Sibling Constellation:

- Gender

- Distance in age between siblings
- Each child's temperament and innate characteristics: sexual orientation; athletic, intellectual, artistic, and social abilities and disabilities
- The family's culture, ethnicity, race, and social location
- The timing of each child's birth in the family system (especially around times of loss, migration, or changing economic circumstances and in the larger social and historical context, such as times of political or economic turmoil e.g. the Vietnam War, the civil rights movement, or economic recession or depression)
- The children's sibling constellation in relation to each parent's sibling constellation and each family of origin's circumstances.

Figure 9.8: Issues Influencing Sibling Constellation

The ultimate sibling is an identical twin. Beyond that, the general wisdom is that the closer in age children are, especially when they are of the same gender, the more likely they are to grow up close and perhaps even to be treated as “twins”—though this is not always the case. When a child has special abilities or disabilities, or when family patterns coming down from previous generations influence children's siblings patterns, we tend to see differences from the commonly expected patterns.

Certain behavior patterns are more typical for children of a particular birth position. The oldest is more likely to be the leader, since he or she has grown up probably leading, mentoring, and teaching the younger siblings. The youngest is likely to be treated more as the “baby” and to have the characteristics of a person who is freer to explore artistic or nonleadership roles, assuming that someone else will do the necessary organizing, because that is how s/he grew up. Middle children are often the mediators, but also may be rebellious or lost if they feel they cannot find a role, because the leadership role and the baby role are already taken.

Many factors intersect with these general patterns, which are based on the siblings' having had specific functions in the family because of age, gender, and societal role expectations in a family. Children may not fit these roles because of their own innate abilities or disabilities. Or, if a child looks like a particular relative or is born at a particular moment of stress, success, or loss in the family's history, s/he may take on other characteristics as reflections of the circumstances around her/his birth.

In general, our siblings are our earliest experience of peers and our models for how to relate to other peers. If a boy grows up with only

brothers, he will probably not know too much about what girls are like up close and personal. A girl with only sisters will likely have the parallel issue that boys are somehow not as familiar, unless, perhaps she has close male cousins who were very involved with her family as she grew up. Only children are generally thought to be more connected to parents and more comfortable on their own than those who have siblings.

And our society, like most societies, has preferred sons and given them special privileges, so daughters are generally expected to do much more caretaking and sons are more often expected to play the stereotypical role of “man” or “prince” in the family, while a sister in the same position does not get the same recognition. So triangles commonly develop between sisters and brothers in families where sisters feel ignored and unappreciated, although they are also often raised to conform and to accept the status quo and not be “unladylike” in their behavior. Their resentments may not show up until later. In childhood it is, in fact, boys who are much more likely to be labeled as “the problem” than girls and to be sent for therapy. In any case, we always want to assess children in relation to their siblings, exploring the relationships between them and the attitudes and relationships each child has with each parent.

It is often said that each sibling grows up in a different family, which is more likely true in families under a lot of stress, where children are often required to cope with changing parental behavior and external stresses regarding finances or emotional difficulties.

Parents may have a particular agenda for a specific child, such as expecting him/her to be the responsible one or the baby, regardless of that child’s position in the family. Children who resemble a certain family member may be expected to be like that person or to take on that person’s role. Children’s temperaments may also be at odds with their sibling position. This may explain why some children struggle so valiantly against family expectations—the oldest who refuses to take on the responsibility of the caretaker or family standard-bearer or the youngest who strives to be a leader. In some families, it will be the child who is most comfortable with the responsibility—not necessarily the oldest child—who becomes the leader. Parents’ own sibling experiences will affect their children as well. But certain typical patterns often occur that reflect each child’s birth order.

A further complication occurs when one child has a serious disability, since that will necessarily draw family energy and may lead to other

siblings feeling ignored or having to take on caretaking roles, which deprive them from getting their own needs met in certain ways. A much longer-range issue is that if the disability is lifelong, the siblings will grow up with an awareness of the caregiving needs that they will inherit from the parents for the sibling after the parents are gone. These issues may bring out family strengths or may overstress a system, leading to conflicts and cutoffs.

In our view, a life cycle perspective on caretaking is always essential, as one explores the genogram in the first assessment of a child focused problem. Just as parenting is an ongoing commitment, so is siblingship. Indeed, research indicates that siblings are one of the most protective relationships over the life course (Vaillant, 1977, 2012) and one of the connections we should be paying most attention to in our clinical work (McGoldrick & Watson, 2016).

ASSESSMENT AND ENGAGEMENT

Children can become bored with too much adult conversation. Therapy needs to be modified to take account of children's more limited ability to sit still and communicate verbally. Children (at least over the age of 5 or so) are often interested in initial genogram interviewing, because very often there are aspects of family history they have never heard parents discuss, such as how they were disciplined in childhood or what problems they or their sibling (the aunts and uncles) had as children.

But children may reveal more through their artwork than they can convey verbally. So if the clinician is comfortable with such endeavors, families can use various individual and group pictures to convey their issues in ways that are more comfortable for children. Children's drawings may be particularly helpful. The action of play and drawing allows them much more flexibility than when they must communicate only verbally. They can show through pictures or other play activities the sources of their distress, as well as their ideas about what would make things better at home.

FAMILY PLAY GENOGRAMS: PLAY AND TALK

Family play genograms are among the most effective ways of engaging children in family therapy and understanding the dynamics and history of

family relationships (to stream clips from a video on Family Play Genograms, go to www.psychotherapy.net/McGoldrick; to purchase the complete video visit our website at www.MulticulturalFamily.org).

Whenever we are assessing a family, especially one with preadolescent children, we always include a family play genogram. This exercise takes a minimum of 45 minutes, depending on the size of the family and their talkativeness. It requires having a stash (maybe the equivalent of a bucket full) of miniatures of all sorts—figurines, animals, dollhouse-type items, and vehicles of all sorts—the kinds of items easily found in toy stores. Anyone who works with children probably has a variety of play items, since, as we all know, children love to play and express themselves best through this medium.

We begin by creating a family genogram on a large pad of paper (3 feet by 3 feet), big enough to allow family members to choose miniature items to represent each family member. We either draw a three-generational genogram with the family, or, if we already have the genogram information, we may create it ahead of time and then make sure through discussion with the family that each person is shown correctly on the page and that we have all the biologically, legally, and emotionally significant people on the genogram. We make sure pets are included. And especially for children and underresourced families experiencing a lot of stress, we have them include their friends and informal kinship network. Adolescents always need to have their friends included, and single parents need their friendship and work resources depicted.

We then ask each person to choose an item to represent each person in the family, including themselves. We make sure that they choose miniatures also for the pets and friends. Friends are especially important to include for adolescents, since they so often experience their peers as their protection from family problems. But adding friends is also very important when families are divorcing or reconstituting in new constellations, as in remarriage or multinuclear families. Once all the items have been selected and placed on the paper, each family member shares with the others the choices they have made. We may inquire at the end whether there have been any surprises in the choices they or others made, and we frequently take a picture and have the family themselves take pictures of the genogram they have created.

We often create additional tasks, such as asking family members to do a second round of choices to show the *relationships* of family members, or of particular family members, depending on the family issues. We might, for example, show just mothers and daughters if it is a single mother family in conflict with her daughter. In other situations we might show just the parent-child relationships or the sibling relationships to learn more specific details about particular family patterns. We might also have family members choose items to represent different sides of themselves: their best self, their worst self, the self they are trying to become, and so forth. Or we might have them depict their relationships when at their worst and then the relationships they would want to have with each other.

Family play genograms are probably the quickest way to get a sense of how the family operates and who the relevant people in the system are. We rarely include a child younger than 3 or 4 in an assessment, since they are generally unable to participate meaningfully in family activities. Very small children are often difficult because of their need for attention, but it can be very valuable to have them present to assess their behavior or level of development or to ascertain the adults' ability to relate to or manage the child.

But for children older than 3 or 4, play genograms are an extremely good way of engaging them with their families. If forced to sit and talk with adults, children may be restless or negative, but they can be both attentive and very forthcoming when allowed to illustrate their family experiences with a combination of play and talk. Furthermore, play genograms put children at an advantage, because they require adults to move to the children's level in play, rather than forcing children to behave in the constricted ways adults generally require, where they have to sit still and participate in grown-up conversation.

In addition, miniatures seems to spark family members' humor, often not seen immediately when families are in trouble and coming in for problems. There is something in the metaphors of tiny play items that seems to free family members, both adults and children, to convey more about their family members at an emotional level than answering a question such as "What was your father like?"

Creating a family play genogram with an individual child can also lead to remarkable insights about how the family operates. Children often have enormous creativity to imagine even family members they have never

known. They may offer very helpful insights about family patterns and the ways a family is stuck.

In one court-required assessment of a family, there were accusations of child sexual abuse by the father and physical abuse by the mother. The parents had divorced, but the fighting continued in court. The daughters, ages 5 and 4, were able to offer detailed images for their half and stepsiblings, whom they had never been allowed to see. They had also developed elaborated images of their aunt and uncle who lived in Greece and whom they had never met. The family play genogram enabled us to assess their relationships in each household and to make strong recommendations to the court that the children be allowed more access to a variety of family members whom they were longing to know.

It is almost impossible to coach a single parent in the presence of her teenager. The parent usually starts by asserting the “rules” and loses face if you give her suggestions in the presence of the adolescent. The adolescent needs controls but can no longer be managed by physical limit setting or even assertions of rules, chores, and consequences. Setting up a free-ranging family therapy session in such a context is usually asking for trouble. Instead, we generally work separately with the parent and with the adolescent until the parent is in good control and ready to make a plan with the adolescent at which point they will jointly be able to work on rules for the household. Much of our focus with the parent in prior sessions is on planning for the child’s likely reactivity.

In a struggling African American family the mother and older daughter had become locked in conflict as the daughter moved into adolescence. We feared that engaging them in a verbal discussion of their issues would lead to adolescent pyrotechnics against the overwhelmed mother’s attempt to assert control, an assertion she could never win.

In this instance we therefore decided to frame the conversation through a family play genogram, which enabled the mother and daughter to appreciate the many resources they had in their wider network whose support helped them to see they were more on each other’s side in the larger family than they had realized. The daughter was able to bring onto the genogram her many friends, added resources for dealing with her mother. It is always important for adolescents to have the support of their friends. In this case, mother and daughter were able to share their feelings about many other family members before directly dealing with their relationship to each

other. Adding the genogram members around them (aunt, grandmother, great-grandmother, siblings, and in-laws) enabled them to see their conflicts in the context of a large family in which they shared much more than their conflicts.

In another family, court-referred because of reports of the mother's loss of control when the children were in her custody, the father as well as the mother felt overwhelmed in managing three adolescent daughters (16, 14, and 12) and a 4-year-old son. In particular, the two oldest daughters were in need of closer supervision, and the father, as a single parent, was struggling to manage them. He claimed he had no family supports and could not afford babysitters when he had to leave town on business. The volatility between the oldest sisters and the mother was such that she could not control them and they could not be alone in her care. The father had a 4-day business trip coming up in the next few weeks. I had asked him if there was a family member who could help and he said no. I then remembered that he had on the family play genogram used a figurine of a nun to represent his older sister, whom he had described as "Mother Superior," always organizing their family. Even though she lived only an hour away, he had never turned to her for help. But with the image of her protective behavior in their childhood in mind, I pressed him to consider her, since the girls obviously could not be left alone and he was in a jam. He decided that he could ask her, and she agreed. Through that reconnection he began to redefine his family of origin as having more resources than he had appreciated. The daughters had not seen this aunt for several years, but she became and remained a presence in their family and for the father, who had lost his parents early.

Another family, the Harpers (Figure 9.9), had been struggling with multiple immediate stresses and several long-range issues.

Liz, the mother of Frances, a 15-year-old adopted from Moldova, had been diagnosed with Alzheimer's disease, which had probably been developing for a number of years. Frances had lived with her mother since her adoption. Liz had been in an 8-year relationship with George Graham, an immigrant professor from Scotland, at the time of the adoption, but had been unable to share in the adoption, because he was not yet a citizen. George was an academic who had participated in Frances's care and support from the beginning but never shared custody. Nor had he managed to adopt Frances.

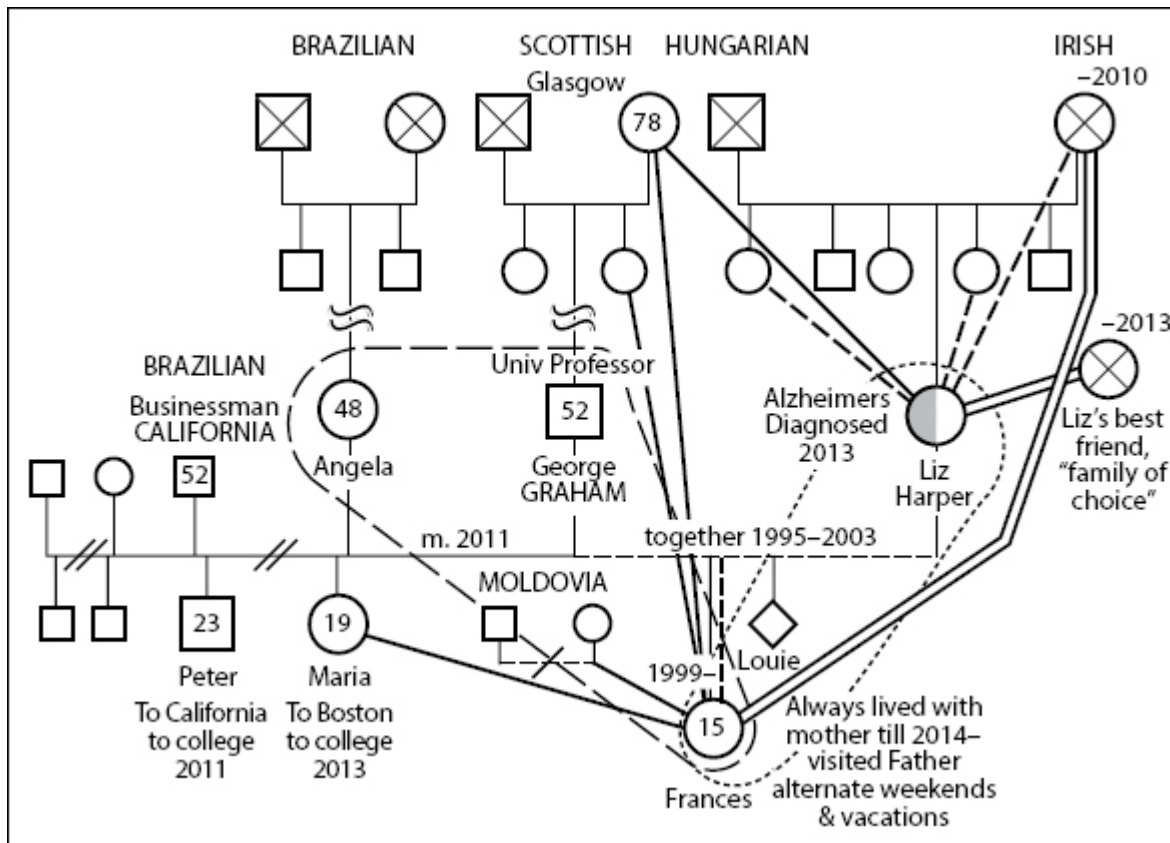


Figure 9.9: Harper-Graham Family

The couple had separated when Frances was 4. From that time on George, who had by then become a citizen, pressed for legal status as Frances's father, but Liz would never grant it out of her frustrations about their couple relationship. However, as Frances grew up, she was, in fact, closer to George's Scottish family than to her mother's six siblings, who lived many states away and with whom neither Liz nor Frances had ever been close. Frances had been close to her maternal grandmother, but she had unfortunately died three years earlier.

Liz and George had come for therapy in the early years after Frances' adoption. I had coached them together regarding their couple problems and for a period of time after their separation. Some years later George sought help for his own issues and for support in his dealings with Liz over his wish to formalize his connection to Frances. He eventually went to court but failed to gain legal parental rights. Now, suddenly, because of Liz's dementia, he was becoming the only parent of his daughter, who had to deal with the crisis of her mother's illness and to move into her father's now

remarried household full time, where until now she only visited with him on alternate weekends.

I invited my colleague Barbara Petkov to work with me with this family so that we could see father and daughter separately and together and meet with other family members as would be pertinent. At the time we began meeting, Frances was just changing residence to live with George, as it had finally become clear that her mother was no longer able to care for her.

As part of the initiation of therapy with Frances and George, we decided to do a family play genogram to locate father and daughter in the larger context of their complex family. Because Frances had roots in Moldova, that culture was a part of her identity. But she is also related to both her mother's Hungarian/Irish family and her father's Scottish family. George's siblings and mother live in Glasgow and over the years had developed a strong attachment to both Liz and Frances.

Over the previous 5 years George had become involved with and married his second wife, who was from Brazil and had two children, Peter, 23, and Maria, 19. Peter had left for college by the time George and Angela married, but Maria spent 2 years with the couple before leaving for college and had also developed a connection with Frances.

We thought it would help to create a genogram with the whole basic family. Both father and daughter were asked to choose miniatures to represent their family members and describe their choices to each other. The most surprising choice was George's figure for himself, which was a Latino street figure. He did not have much to say about this except that to him it looked like "a cool guy!" The figure seemed so unlike the conservative academic self he generally presented. Frances seemed as surprised by the figure as we were ourselves, asking, "What's up with this?!" But George's reaction was quite subdued. He did not see why we found his choice humorous.

It was not until 2 weeks later that his choice began to make sense. George had been focusing hotly on how much Frances needed to concentrate on her work, keep her room clean, and wash her hair more often. We strongly urged him to let go of these worries. Frances had already taken the initiative to get tutoring help for herself in school and was not in danger of failing, but she was in a serious crisis, losing her mother in such a traumatic way and having to move quite suddenly into a new home, with a father who her mother had warned her over the years was not reliable.

Finally, because George would still not let up on his anxiety about her failing, I challenged him directly in a private session, asking, “What if she did fail? She could just repeat the year! The main issue is her feeling loved and secure and at home with you and your wife, whom she will have to get to know.”

George appeared shocked at the very thought that we didn’t see even failure as such a terrible thing. This was surprising. Of course, he wouldn’t want her to fail, especially as an academic himself, but because he seemed to be missing the point of the incredible stress she was under, losing her mother and having to move into his already established household with his wife, whom she hardly knew. Instead of reiterating what we had already discussed about the traumatic situation she was in, I decided to ask him how his life had gone when he was in 10th grade. He rather sheepishly said that he had failed that year and had to repeat it. I began to laugh, joking, “Well, there you have it! You failed 10th grade and now look at you! A successful academic with a very solid career! And what did you look like at that age?”

He replied, “I had hair longer than Frances does now!” “And was it clean?” I asked, since he was so preoccupied with his daughter’s “dirty” hair and hygiene. “Probably worse than Frances’s!” he replied. I strongly suggested we share this life cycle information when Frances and my co-therapist Barbara joined us later in the session. Frances was amazed to hear about his background and his hair! Interestingly, his revelation seemed to break the tension between them. Now they were sharing life experiences in ways neither of them had appreciated before. It seemed that he was trying to convey something about this history, maybe even to himself, in his choice of the Latino street figure to represent himself: that he was not always the smart-looking, successful, “together” man he presented in general. But it had taken a while for this aspect of him to be clear to us all.

We proposed a second exercise in which George and Frances chose items to represent their relationship with each other and with Liz. The exercise enabled us to bring all family members into the room and speak of the many facts of cultural difference, geographic and psychological distance and closeness, and of the mother’s illness and need for care. In addition to Frances’s friends—several of whom were what she called her “group,” her three special friends whom she had had since fourth grade—a primary figure on the genogram was her dog, Louie, who was now still in Liz’s home, even though he had been primarily Frances’s dog. Frances spent a

great deal of time making her choice for her dog, finally choosing two items to represent him, indicating how important he was in her life as a source of affection and support at this difficult time.

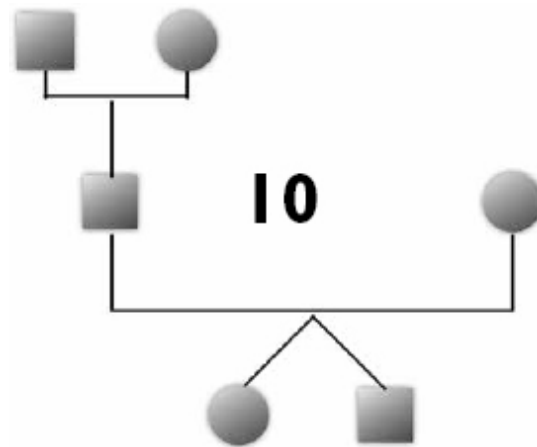
When it came to the items for depicting their relationship, George's choices were striking. He chose a shark for his relationship with Frances, because, he said, they had "recently visited an aquarium." For his relationship with Liz he chose a computer. For his relationship with his wife, he chose a woman in a fancy Japanese outfit, because, he said, she has great style and dressed well. None of these items seemed to pertain to the relationships George had with the people in his life. Over the ensuing weeks we talked about the choices for their relationship and expanded the discussion of what would they hope their relationship would be like in the future. A follow-up exercise, very important in genogram work, which is always looking from the past to the present and toward the future, could include having George and Frances choose items to represent their relationship when Frances was 5, when she was 10, their relationship now, and how they would like it to be 2 years from now.

Over time families often redo their family play genograms and discuss the changes they have made. The therapist can also inquire about what one item would say to another or how one item experiences being in this family or feels about another (Gil, 2014). The items can also be arranged in a kind of ecomap to illustrate how close or distant family members are in relationship to each other. This can lead to rich discussion of relationships at the same time that they have a certain level of emotional protection because the experience is just "play."

CLINICAL QUESTIONS RELEVANT TO CHILD-FOCUSED PROBLEMS

- ▲ How were children's names chosen, and what do the names mean to them and to other family members?
- ▲ Have other family members had similar problems, and, if so, how were those problems managed by others in and out of the family?
- ▲ What were each parent's experiences like at the life cycle stage the "problem" child is at now?

- ▲ Were there stresses on the family at the time the “problem” child was born or developed symptoms?
- ▲ Has there been a sense that this child is especially like anyone else in the family, and, if so, what does that likeness mean to other family members?
- ▲ Is there a godparent or auntie or outsider who has a special affinity with this child?
- ▲ Do parents or grandparents agree or disagree on the handling of this child?
- ▲ Do the symptoms occur similarly both inside and outside of the family?
- ▲ Are there examples earlier in the family’s history of solving a problem in a unique or creative way?
- ▲ What were key turning points in the family’s history?
- ▲ What do family members think are their best resources?
- ▲ Who are family members who have gone before who were role models for either parent for their parenting, and what would those role models have to say about this situation?
- ▲ If we think ahead to those family members not yet born, future grandchildren, nieces, and nephews, what would they want the family to do now to solve this problem?



Using Genograms to Understand Adult Clients with Sibling Problems

Sibling relationships are generally the longest we have in life.¹ Parents die, partners come and go, children usually grow up and leave, but if we are lucky, our brothers and sisters remain. Indeed, children generally tend to spend more time with siblings than with fathers. Our siblings usually share more of our lives genetically and contextually than anyone else, particularly sisters, since sisters tend to be emotionally more connected and live longer than brothers. In fact, we can divorce a spouse much more finally than a sibling (McGoldrick, 1989b). Siblings are likely to be models for our relationships with friends, lovers, and other contemporaries.

Sibling relationships matter a great deal and can be among our most protective connections over the life course. A primary longitudinal study (Vaillant, 1977) indicated that the single best predictor of emotional health at age 65 was having had a close relationship with one's sibling in college. It turned out to be even more predictive of later-life well-being than childhood closeness to parents, emotional problems in childhood, or parental divorce. In fact, it was even more predictive than having had a successful marriage or career. This sample was of a highly privileged group of men who went to

Harvard. The likelihood is that such findings would be even stronger for women, who tend to rate their sibling relationship more important than do men, and for those with social disadvantages, who are generally more dependent on siblings than are privileged siblings (McGoldrick and Watson, 2016).

Yet the importance of sibling bonds has been largely neglected in the clinical literature. Siblings are almost never considered a necessary focus of clinical investigation or treatment. But I believe we would generally do better therapy if we worked on the basic assumption of including siblings unless we have a reason not to. What if we started with the question “Why not have a sibling session to understand or help clients with their problem?” We would probably be more effective therapists with that stance than starting with the negative and including siblings only if there is a specific sibling conflict.

Sibling sessions can unlock a client’s stuckness and provide richness to an understanding of a client’s history and relief for dealing with current stresses. A single sibling session may become a pivotal experience in an adult’s therapy. One isolated research scientist who sought therapy because of his wife’s frustration with his emotional distance held a session with his three brothers, who came from around the country for the meeting. All three brothers, who were in their 40s, discussed their different responses to their mother’s mental illness in their childhood and learned that each had become isolated in his own way. Each brother had always thought his problems were unique and individual. What they discovered as they reviewed their life experiences was how profoundly connected they had always been and would always be to each other. This session shifted the client’s basic relationship with his wife. He now saw himself as a man among brothers going through life together and felt strengthened in his ability to be open with his wife. A sibling session can also encourage underinvolved siblings to share caretaking burdens, modify gender imbalances, resolve long-standing conflicts, and increase collaboration.

As we move through the life cycle, sibling relationships may break apart, especially around parental caretaking or after parents are gone, although total cutoff of siblings is apparently rare in our society (Cicirelli, 1985, 1995; Connidis & Kemp, 2008; Friedman, 2003; Myers, 2011; Norris & Tindale, 1994). And siblings often become important resources in later life as well (McHale & Crouter, 2005).

Given the significance of sibling relationships and their longevity, it is important for therapists to address conflicts, resentments, and cutoffs whenever possible, especially because siblings hold each other's history and are important to the fabric of life. We should take every opportunity to assist siblings in developing meaningful connections and to build trust and attachment. They are also generally holders of each other's history, which can be especially important at key life cycle transitions when they can share stories, reminding each other of what came before and of what they stand for as a family. Thus, regardless of the presenting problem, we try to work on strengthening sibling relationships and help clients overcome sibling cutoffs whenever possible.

Maya Angelou (1981) once said that it isn't chance that makes people brothers and sisters. It makes them siblings, defined by having the same parents, but, she said, "Sisterhood and brotherhood is a condition people have to work at. It's a serious matter. You compromise, you give, you take, you stand firm, and you're relentless. . . . And it is an investment" (p. 62). Her comments are a powerful reminder that being siblings is work and generally requires real effort at many points in life. There are those blessed sibling pairs who are each other's best friends throughout life. But that seems rare. Sibling relationships are not usually the presenting problem in a family, but as you explore clients' problems, sibling distance, conflict, or even cutoff is often a main contributor to the problems of depression, anxiety, or immediate family conflict that bring people to therapy.

Of course, the more time siblings spend together in childhood and the fewer siblings there are, the more likely they are to be close. But in our times with the frequency of couple relationships breaking apart, siblings, along with childhood friends, can be our most stable intimate connections over the life course. And, as discussed in the last chapter, where a sibling is disabled and parents are unable to manage the caretaking a child needs, siblings, especially sisters, are likely to get drawn into long-term caretaking of one sort or another for a needy sibling throughout life. In any case, inquiring about and trying to help clients repair sibling problems can be one of the most important endeavors of clinical assessment and intervention.

FACTORS INFLUENCING SIBLING RELATIONSHIPS

Many factors influence sibling relationships and should be explored on the genogram, as discussed in [chapter 9](#) and as we and others have laid out elsewhere (McGoldrick, 2011; McGoldrick, Gerson, & Petry, 2008; McGoldrick & Watson, 2016). As you do the genogram you will learn the basics about the sibling patterns in each generation (gender, distance in age, culture, ethnicity, race, and social and geographic location) and general characteristics of each sibling (abilities and disabilities, the timing of each child's birth in the system)—all make a difference. Be sure to question families around unequal patterns of treating siblings based on gender, race, or ability inequities, and pay attention to patterns of family triangling. We know from research that fathers of sons are more likely to stay connected to their children and fathers who have only daughters over time become more liberal in their thinking about gender equity. Parents who have only daughters are more likely to promote their daughters' achievement, education, and athletic accomplishment. So facilitating discussion of how children have been encouraged in their development is a key part of opening up and strengthening family relationships.

Families can be encouraged to promote the potential of their daughters for achievement and of their sons for relationships and caretaking. With the best of intentions, parents may convey very different messages to their sons than to their daughters. Oldest siblings, especially oldest sisters, are perhaps the most likely to seek help for relationships that have become broken. This is not surprising, given their leadership role in families. Oldest sons typically have a clear feeling of entitlement, but oldest daughters are more likely to have feelings of ambivalence and guilt about the responsibilities of their role (McGoldrick & Watson, 2016). Whatever they do, they often feel that it is not quite enough, and they can never let up in their efforts to take care of people and make the family work. They tend to be the ones who maintain the networks; who make Thanksgiving, Christmas, and Passover happen; who care for the sick; and who carry on the primary mourning when family members die. They are central in family process, more often taking responsibility for maintaining family relationships than their brothers. Sisters not only do the majority of the caretaking, but they tend to share more intimacy and have more intense relationships than brothers, although they typically get less glory than brothers do. From childhood on, sibling caretaking has traditionally been delegated to older sisters in most cultural groups, with brothers freed for play or other tasks. Brother-to-brother

relationships are characterized by more rivalry, competitiveness, ambivalence, and jealousy (Adams, 1968; Cicirelli, 1985, 1995), while sister relationships are characterized by more support and caretaking.

Sister relationships, like those of women friends, are more often devalued than men's peer relationships with other men. A woman who wants to avoid a move for her husband's job to be near her sister or her friends will probably be labeled "enmeshed" or "undifferentiated." Yet it is the sister who was there at the beginning, before the husband, and who will most likely be there at the end, after he is gone. A strong sense of sisterhood seems to strengthen a woman's sense of self (Cicirelli, 1982, 1985), making the value of focusing on sibling relationships an especially important one for therapy with women.

RELATIONSHIPS OVER THE COURSE OF THE LIFE CYCLE AND BEYOND

In working with adult siblings, we want to help them take responsibility for developing themselves according to their own values and not being limited by their parents or other family members' evaluation of them. As children grow up, sibling patterns, while still influenced by issues of competition, childhood labeling, and innate abilities, are also often influenced in major ways by who each sibling chooses as a partner and by their financial, social, and geographic location. Those located closest to the family of origin may evolve different relationships than those at a geographic distance. Those with more resources may take on a financially supportive role to parents, while those closest to the parental home may be relied on most for parental caretaking in later life.

Once parents are gone, sibling relationships become freely chosen for the first time in life. Thus, at times siblings who have been drawn together over the years only by parental efforts to convene the family often fall into distance or cutoff, because they have not themselves worked to maintain their relationships as time moved along. At times sibling resentments that were suppressed in the effort to please a parent now resurface and are often so long-standing that the bad feelings are very difficult to repair.

Mary Martin (Figure 10.1), a 50-year-old graphic artist, the youngest of four siblings, and the one who had been closest to their mother in her last years, was co-executor with her older sister, Nancy, for the estates of both of

their parents. The parents had had many problems from the time the children were young. The alcoholic father had been abusive, especially toward the sons, who had both moved away at an early age. The mother had been seriously depressed over many years and critical of her daughters, even while depending on both of them to a great extent. Mary sought coaching 2 years after the mother's death because she was in conflict with her siblings over the estate, which had still not been settled. She felt her siblings all discounted her as the youngest and did not appreciate her efforts to work out a fair division of the estate items. She resented that her older sister was not doing her share of the co-executor work, as she had not taken actual responsibility for the mother in her final years, but wanted to share the co-executor benefits equally and always seemed to get the best choice on family heirlooms when they were divided. The oldest brother, Max, who had taken the brunt of the father's anger for many years in childhood and felt he had been wrongfully denied his right to be executor himself, was continually raising issues about the furniture and finances of the estate. Mitch, the third child, had been learning disabled. He moved out west and became a lumberjack after high school. Hidden from view were the long-standing triangles in the family with both parents that underlay the children's fights over the sugar bowl, grandfather clock, and dining room table that became the focus of controversy.

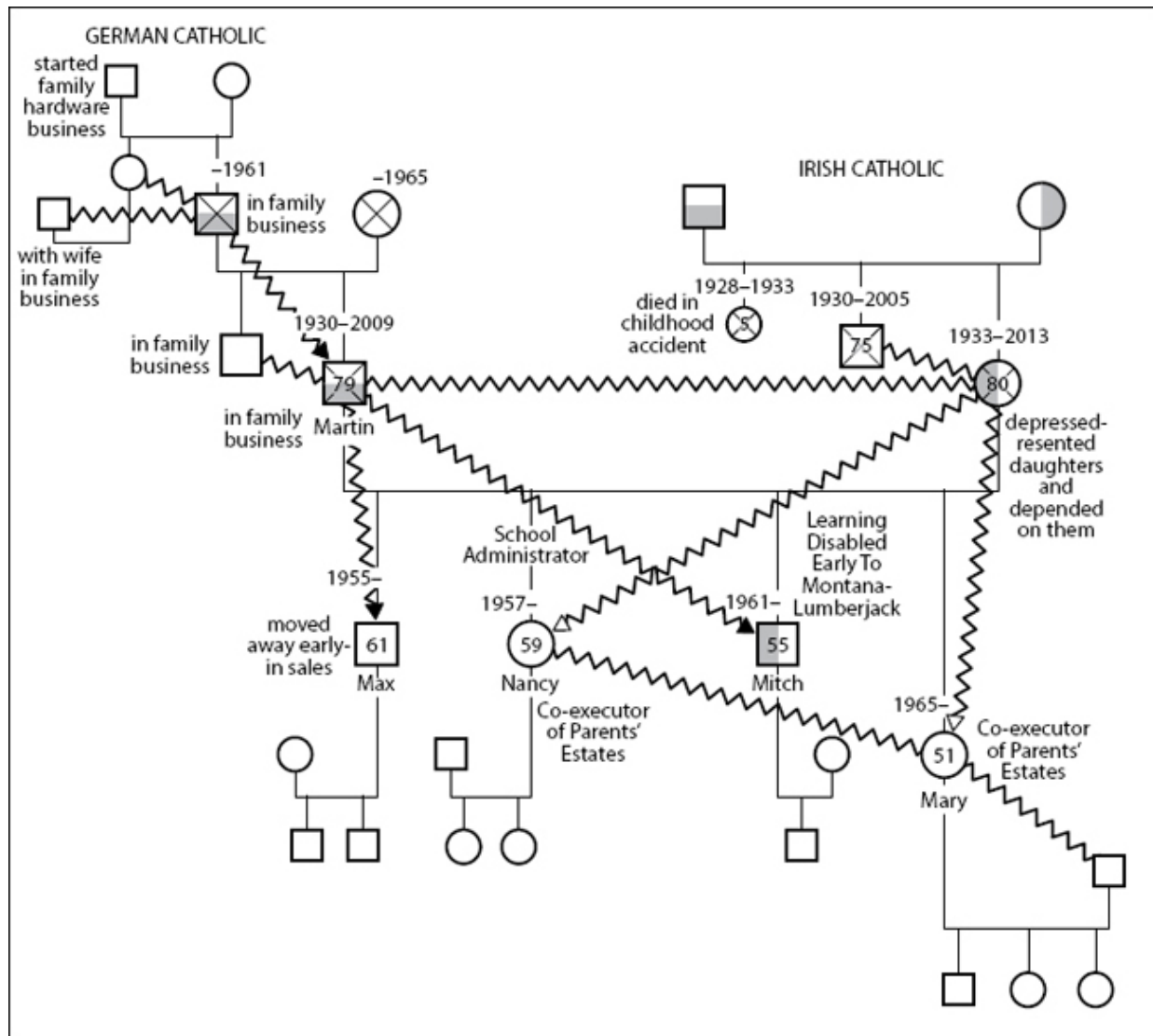


Figure 10.1: Martin Family

What can be remarkable is how “irrational” triangles can be once people become locked into position. In this case the siblings were spending down their very inheritance, paying two lawyers \$350 per hour each to argue about items they could have bought for less than they were spending to fight over them. The underlying issues in such sibling triangles are almost always about who was more loved and who did more for the parents.

It took Mary considerable time to get herself focused on her real life goals: to have ongoing relationships with her siblings and for all of them to heal from the wounds of their childhood, rather than to worry about who would get the sugar bowl, the clock, or the table. In the course of her work she was able to find ways to acknowledge to her siblings her own pain about

the abuse her siblings had suffered and to help them all to see that it was not a contest for who deserved more or who got preferential treatment. All four of them had been wounded, and now they had lost both parents and were trying to move on with their lives.

Initially Mary thought it would be “one more failure” if she let Nancy “win” the debate over sharing the executor fee equally, when Nancy had clearly done less work on the estate and for the mother in her last years. But gradually Mary realized that, in spite of all the pain the entire family had experienced over the years, they were all fine financially and the money was no real issue for her. In our materialistic society that insight can be very hard to come by.

Mary decided that the most important issue for her was to acknowledge what she and her siblings had lived through with their parents and, if possible, to protect their relationships with each other as they moved on in life. She wrote each sibling a personal letter acknowledging what she perceived as the wrongs they had experienced from their parents and the positives she wanted to remember of the parents’ lives. The following is the letter she wrote to her oldest brother, Max:

Dear Max,

I have been doing a lot of soul-searching about the grandfather clock discussions we’ve been having. It has made me realize that the most important part of my legacy is the good memories I have of times like the Christmas Eve you took me out sledding on the big sled down to grandfather Michener’s farm.

I remember also, very sadly, being afraid when Dad would get angry with you and hit you. I always wanted you to be quiet and not speak up, so you wouldn’t get hit. But now I realize that speaking up was your best courageous self, and I admire you for that. I am so sorry I did not understand as a child what you were going through. I used to miss you, Mitch, and Nancy so much after you all left home. I felt somehow you had all abandoned me. Now I think it was more a matter of saving yourselves from the pain in our home, and I realize it had undoubtedly had nothing at all to do with me.

I felt glad when Mom made me co-executor with Nancy, but now I have been thinking how awful it must have been for you as the oldest, when Dad got angry and said you could no longer have that privilege. You spoke about how much the grandfather clock meant to

you, because you remember it at our grandparents' house. They had died by the time I came along, so I can't share those memories. I am glad you are the one to keep it for future generations of our family.

The part of our history I want to hold on to is our father's sense of humor and fun and our mother's creativity with the decorations she made on holidays and taught us to make, the stylish way she dressed (she was so beautiful!), and her spaghetti and meatballs.

I look forward to talking soon.

Love always, Mary

The effort of a person to reposition him or herself in the family system that is behind any such letter is enormous. It requires really turning a corner to view oneself and one's family from a different perspective, seeing the larger patterns, and making choices beyond the immediate situation. Gregory Bateson once said that only if we could think 200 years ahead, would we really be able to think systemically. That seems to be about the gist of it!

In Mary's case her sense of not being appreciated or listened to in her family had echoed in her adult life with her husband and her own children, as is common in situations of intense triangling and rigid pathologies. She had to do a great deal of soul-searching and similar repositioning of herself with her husband to escape the feeling that he was bullying her and always getting his way. Through her many efforts she eventually became able to put her energies into how she wanted to relate to others, rather than on how unfair they were in their treatment of her. She spent more of her time on her music, gardening, and volunteering at a local nursing home, where she found she had a great sense of gratification in caring for others, with the clear awareness that her generosity was a personal choice, not a payment for something that was owed to her. She said that whenever she was tired or not feeling well, she would find herself thinking resentful thoughts about someone else being "ahead." But she had taught herself to tag those thoughts as part of the early triangling that had begun in her family of origin and that were not part of the position she wanted to take in her life. She resolved to focus on what kind of person she wanted to be and find her way back to generosity. In the course of her work she made a spiritual transformation as well. Her family had been Roman Catholic, their heritage being German and Irish. The four siblings had all gone to Catholic school but had all later left the church. Mary came to the conclusion as she worked on understanding the addiction and triangles in her family of origin that she needed to find a

centering spiritual practice. But she did not feel comfortable with what she experienced as the rigidities of the Catholic Church. Resolved to find a religious community where she felt comfortable, she joined a local Unitarian church. She found meaning in their focus on community and on what she called personal integrity. Interestingly, her husband was initially very negative about her search for religious connection, criticizing her for abandoning the family on Sunday mornings. But gradually he himself became interested and occasionally went with her to services.

Mary's work to detriangle from the many triangles in her family of origin also involved a tremendous amount of exploration of her genogram to understand her parents in the context of their own families.

Both parents had come from families in which there were intense triangles. Both were youngests themselves in families where competition and a sense of "who got more" was a strong theme. Mary's mother had always felt her older brother was the favorite, not noticing that the death of an older sister in childhood, just around the time the mother was born, had been a loss the grandparents probably never got over. Mary's father was the younger of two brothers, both of whom went into a family hardware business in which uncles and uncles-in-law had competed for two generations. Mary's father felt that his older brother was favored and grew up with "a chip on his shoulder," as Mary saw it, always having to try harder and always feeling he didn't get as much as he deserved. As she looked at the patterns in her immediate family she tried hard to understand how these issues had influenced the serious dysfunction that had played out with drinking, physical abuse, and depression in her family as she and her siblings were growing up. Thinking about those patterns eventually helped her clarify what she wanted to do to redefine herself in relation to her siblings and to work on changing patterns with her husband and children.

As more Americans face longer lives without partners or children, brothers and sisters are potentially emotional and physical resources at all points of the life cycle, but the need for attachment and belonging are likely more critical at later junctures of the life cycle. Understanding cultural patterns may unravel sibling snarls. A sister from a culture that prefers sons may stop blaming her brother and have greater compassion for her parents once she realizes the cultural script in which they all played a part. She will, however, still need to evolve her relationship with her brother to a different level.

In Mary Martin's case, she had initially felt ignored by both brothers, whom she thought got away "scot-free," with no responsibility expected of them. As she realized both the cultural and emotional patterns of the larger extended family, she became curious to get to know her brothers and learn what they knew of the family's history and what their own experiences were growing up in the family. She decided to visit her brother Mitch in Montana by herself and was amazed by what a loving relationship he had with his son as well as his strong artistic ability with woodworking.

Class differences are also likely to have a major impact on adult siblings. Unacknowledged or overt resentments may characterize adult sibling relationships for those who end up in different socioeconomic groups. Better-situated brothers and sisters may resent siblings with fewer resources for relying on them but not feel free to express their resentment because of a sense of family obligation. They may give concrete supports but withdraw emotionally. So it is important to explore the specifics of each sibling's social location in trying to help them repair rifts.

Sibling resentment or cutoffs often result from intense feelings around the success or lack of success of a brother or sister. Parental reactions to successful and unsuccessful children may exacerbate sibling fissures related to class differences. The need to prove oneself intellectually superior or successful in status may be related to the family's cultural and immigration history. If immigrant parents grew up feeling unappreciated because of prejudices in their school, community, and the larger society, they may have a reactive stance of "bragging" or being overly impressed by "status." Such attitudes tend to seep into the children's competitive relationships with each other.

Class differences in families may also result in sibling antagonism, although the cultural patterns of individuality and autonomy in some families may obscure the conflicts and lead to their not dealing with such resentments directly. If families do not mingle except at formal family occasions, sibling tensions might go virtually unnoticed and may not be dealt with by the siblings themselves. Lower-class family members at family events may be treated like poor relations, or they may even be closed out of family events altogether. Regardless of the ethnic or cultural group, class tensions are likely to surface when aging or ill parents require care from children. Class may also influence the way rebellion intersects with sibling position. Just as oldest sisters may be more rebellious than oldest brothers

because the gender inequities impinge on an oldest sister's "right" to be the leader, oldest siblings may become resentful if a younger sibling has higher social status.

LIFE CYCLE ISSUES IN FAMILIES WITH DISABLED SIBLINGS

Any time a child in a family is seriously disabled, there are lifelong implications in caretaking responsibilities for the siblings. In any genogram assessment, you want to inquire about such issues and how they have been thought through, even when this is not the problem being presented. As with other family issues, there is a likelihood of the family becoming imbalanced, with one sibling becoming overburdened and others disengaged. Siblings respond not only to their disabled sibling him/herself, but also to their parents' distress and/or preoccupation with the needs of the sibling. Parents may also shift their hopes and dreams onto their other children, which can create a burden for them.

Small families tend to experience more pressure when there is a disabled child because there are fewer siblings to share the responsibility. The pressure seems increased when the disabled sibling is a brother, probably because of parents', especially fathers', reactions of personal hurt to pride in having a disabled son. Sisters seem more ready to accept the role of caretaker for a brother and to have more sibling rivalry or competition with a disabled sister. Older sisters were found to enter the helping professions more often than other siblings.

In general, oldest sisters of disabled siblings are at greatest risk of overburden, because of the increased demands parents often place on them as caretakers. Brothers of the disabled tend to spend more time away from the family (Cicirelli, 1995), but clinicians can help families to modify such patterns. We must gently question parental expectations and encourage them to include brothers in caretaking and prevent sisters from becoming overburdened. Otherwise, in later life, brothers may become completely disengaged from the disabled sibling, while mothers and then later sisters may be left with total responsibility for them. Once people begin to get centered about themselves in their relationships, they can often prioritize which relationships they need to get "in order" and do what they need to do.

Andy Kenealy (discussed in [chapter 5](#)), a 40-year-old husband and father and the second of eight children in an Irish family, was inclined to blame all

the problems he was having in his marriage and with his life on his mother, whom he did not want to bring in for a session. He knew little about her background and became impatient whenever I would ask about his genogram history, saying I was not helping him deal with his wife, which was his “real” problem.

Once he finally brought in his mother, aware that he needed to place his immediate problems in a larger context, he began to connect his other relationships in a more contextual way as well. During the session with Andy and his mother we discussed two incidents from his childhood that had always remained particularly vivid for him and that he had never been able to let go of, in which he felt his mother had been cruel and abusive to him and his siblings. When he brought up these incidents to his mother, she recalled that in the first incident when she exploded at Andy, she was pregnant with her seventh child and had just been told by the doctor that her sixth child, Philip, who had gotten meningitis in infancy, would never be able to function for himself. The second incident of her rage was 2 years later, when she was again pregnant, with her eighth and last child. She had just been given the advice by the doctor to give up trying to care for her disabled son, Philip, and put him in an institution. This son was now in his 30s and the mother still visited him regularly, though the other family members hardly paid him any attention. As the mother described her pain at the news that she would have to give up her child all those years ago into institutional care, Andy came to an empathy he had never felt for her. She was able to apologize for the frustration she had taken out on him at those times. In the weeks following the session, Andy came to a decision about his relationship with his brother Philip, whom he had never previously even discussed. It had been Philip’s birthday the week before and he had gone with the parents and two other siblings to visit him. Andy said he noticed for the first time ever how loving his mother was to this brother, who had so little ability to respond. He said he had decided from that time on to share the responsibility with his mother and “be a brother” to Philip, whom he had never even really thought about. From this point in the therapy, Andy somehow began to have a stronger sense of himself in relation to his issues with his wife and to put his relationship with his children in better perspective. He said he felt closer to his mother than at any time in his life and had a deep appreciation for all she had been going through with Philip when Andy was a young boy. Somehow, as he had let himself become more

open to his mother he had expanded his view also of her burdens, including caring for Philip. He became able to share in her efforts, a model for what he began doing also in other areas of his life as well.

SIBLING RELATIONSHIPS AND COUPLE RELATIONSHIPS

Siblings often distance from each other during the early and middle adulthood when coupling and having children may have priority, but at later life cycle phases the importance of sibling connections often reemerges. Siblings may move into different social classes through their careers or, especially for sisters, as they marry and move, according to the culture's expectations, to adapt to the husband's socioeconomic context. But adult siblings are an important consideration on any genogram, most particularly when working with couples.

Indeed, sibling relationships also often pave the way for couple relationships—for sharing, interdependence, and mutuality—just as they can predispose partners to jealousy, power struggles, and rivalry. Since siblings are generally our earliest peer relationships, we are likely to be most comfortable in other relationships that reproduce the familiar sibling patterns of birth order and gender. Generally speaking, marriage seems easiest for partners who fit their original sibling pattern, for example, if an oldest marries a youngest, rather than two oldests marrying each other. If a wife has grown up as the oldest of many siblings and the caretaker, she might be attracted to a dominant oldest who offers to take over management of responsibilities. But as time goes along, she may come to resent her partner's assertion of authority because, by experience, she is more comfortable making decisions for herself.

All things being equal, the best sibling constellations for marriage would be complementary relationships—for example, the older brother of a younger sister and the younger sister of an older brother. However, the complementarity of caretaker and someone who needs caretaking or leader and follower does not guarantee intimacy or a happy marriage.

In addition to complementary birth order, it seems to help in marriage if each partner has had siblings of the opposite sex. The most difficult pairing might be that of the youngest sister of many sisters who marries the youngest brother of many brothers, since neither would have much experience of the opposite sex in a close way, and they might both play the

spoiled child waiting for a caretaker. There are, of course, many other possible sibling pairings in marriage. The marriage of two only children might be particularly difficult, because neither has the experience of the intimate sharing that one does with a brother or sister. Middle children may be the most flexible, since they have experiences with a number of different roles.

In any case, it helps to teach couples to explore their ways of relating to each other in the perspective of their earlier sibling patterns, since they may be unwittingly repeating patterns they learned growing up. Since, as mentioned already, coupling and marriage tend to increase the distance between siblings, this is always a subject to assess in therapy. Sisters may be pressured by their spouses to decrease their intimacy with each other, and that pressure may create sibling distance that lasts until later in life. I always try to help couples think of sibling relationships as they think of their spouse's friend relationships: it would be highly unlikely if two spouses had equally good feelings about all friends or all siblings. Much more relevant would be to have enough space in the relationship for each partner to enjoy relationships with his/her own siblings and friends and not try to make everyone try to connect to each other.

It is also possible that, because of their long relationship growing up together, siblings may have insight into how couple patterns are playing out. If one sibling tries to give direct advice to another, it would usually be the older sibling giving marital advice to the younger. But the other side is that siblings may be able to offer each other helpful insights into how patterns are repeating in their marital situation.

Art Black (Figure 10.2) had been married to his wife, Yolanda, for more than 40 years when they sought couples counseling to improve their communication. The couple were referred by the wife's individual therapist, who thought therapy would help them open communication that had been shut down for many years. Art was a larger-than-life character, sometimes characterized by his employees as "Dadzilla." He did not readily enjoy the humor of this nickname when I occasionally referred to it in sessions. Yolanda had grown up the middle of three children in a family with two seriously alcoholic parents. Art's father had also been alcoholic, and his mother was seriously disabled by the time he was a teenager. But in his case he could not remember much about his childhood, except his mother calling for help and his father never helping her. In Art and Yolanda's marriage,

Yolanda had tended to go underground, resenting Art's control of money, decisions, and their conversations in general. He spoke with assurance and would tell her she was wrong about something, and that was supposed to be that. Yolanda, for her part, held on to resentments for years, but on the surface had the ability to joke and act as if things were fine. As I tried to help the couple be more open with each other, one obvious problem was that whenever Art felt Yolanda was criticizing him, he would get so anxious he could virtually disappear from the conversation.

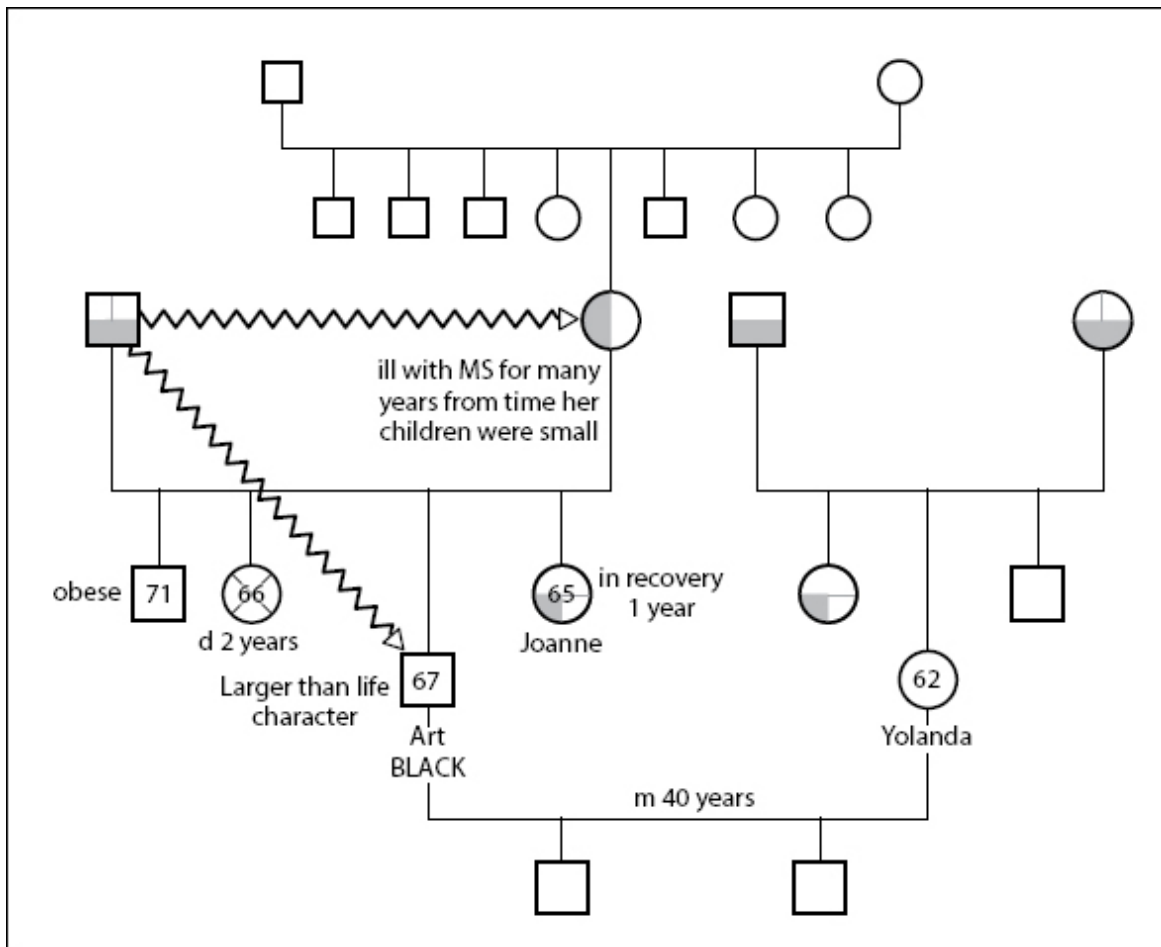


Figure 10.2: Black Family

In his view I should work with his wife to get her to stop criticizing, because he was well intentioned and trying as hard as he could to be a better partner. He would get himself so anxious he often threatened to leave the sessions and many times went to the men's room and secretly took a tranquilizer. I began to label what happened to him as "the helicopter whirring in his head" that he couldn't get to stop. We worked on his

breathing and he meditated, but his reaction was so automatic that he had great trouble getting his mind to stop.

Art's hypothesis was that Yolanda had always been so critical that he had become reactive to her. But they had not met until he was 27. I doubted something so visceral would have begun so late. My questions about his family of origin led nowhere. He just couldn't remember.

Finally he agreed to bring in his youngest sister, Joanne, an artist who had suffered from a lifetime of alcoholism and had been in recovery for the past year. An older sister had died 2 years earlier and one brother lived in the Midwest and "was too overweight" to come for a session. From the minute Joanne appeared she offered up detailed stories about their family of origin. She was an amazing raconteur. When Art asked her specifically for help around his "helicopter whirring" whenever his wife criticized him, she responded: "That makes complete sense to me! You got so criticized by Dad all those years when we were growing up. Don't you remember how he was always calling you names?" Joanne's detailed memories brought a great deal back for Art of the experiences of his childhood that he had repressed.

A second theme brought forth by Joanne was the support of many of their mother's siblings, who had been a humorous, joyful antidote to the painful experiences of their immediate household. Joanne's suggestions enabled Art to explore his own family history and gain much better control over his reactivity to his wife's comments.

THE IMPORTANCE OF SIBLING RELATIONSHIPS FOR PARENTING

If a parent has struggled in his/her own sibling position, as a parent s/he may overidentify with a child of the same sex and sibling position. A parent who was an oldest child may have trouble not overcontrolling his or her children and letting them make their own mistakes. A parent who was a youngest may at times be underresponsible in parenting, or may overidentify with and become reactive to his or her youngest child, repeating the very relationship that was problematic in childhood. Problems develop when a parent's need for the child to play a certain role interferes with the child's abilities or with two siblings' relationship to each other or to outsiders. A parent's identification with a child may be so strong that s/he perpetuates old family patterns in the next generation. On the other hand, if their own experience

has been different, parents may misread their own children. A parent who was an only child may overreact to children's squabbles, assuming that normal sibling fights are an indication of trouble.

Whether deliberately or inadvertently, parents can perpetuate such old sibling patterns. A parent may compare one child with another, perhaps chiding one for not calling as often as another does. A father might talk repeatedly about how proud he is of his son, not realizing that he is ignoring his daughter. A parent may elicit the support of one sibling in an effort to "shape up" another. Clinically, therapists can do much to challenge such values on behalf of all siblings.

Sibling relationships can be a most important connection in adult life, especially in the later years. However, if negative feelings persist, the care of an aging parent may bring on particular difficulty. While the final caretaking of parents may increase a child's commitment and closeness to them, it may either draw siblings together or arouse conflicts over who did more and who felt loved less. If there are unresolved problematic issues in a family, they are likely to surface at this time in conflicts over the final caretaking, the funeral, or the will. At such a time, siblings may have been apart for years. They may have to work together in new and unfamiliar ways. The child who has remained closest to the parents, usually a daughter, often gets most of these caretaking responsibilities, which may cause long-buried jealousies and resentments to resurface. Or perhaps sisters may end up in conflict over how to do the caretaking, while brothers remain on the sidelines, offering perhaps financial support but less often their time or emotional support for the caretaking. Because it is women who tend to be central in maintaining the emotional relationships in a family, sisters may focus their disappointments on each other or on their sisters-in-law more than on their brothers, who are often treated with kid gloves and not expected to give much in emotional or physical support when caretaking is required.

SIBLING RELATIONSHIPS AFTER THE DEATH OF PARENTS

It is at the death of the last parent that sibling relationships become voluntary for the first time in life. While parents are alive, siblings may have contact and hear news about each other primarily as a function of their relationships with their parents. But it is only once the last parent dies, that sibling relationships become truly independent. From here on, whether they see

each other will be their own choice. This is the time when estrangement can become complete, particularly if old rivalries and triangles continue. The focus may be on concrete disagreements: Who should have helped in the care of their ailing parent? Who took the responsibility? Who was more loved? Strong feelings can be fueled by old unresolved issues. In general, the better lifelong relationships siblings have had, the less likely it is that later traumatic family events will lead to a parting of the ways. Therapists can have a crucial impact on this just by helping clients focus attention on the importance of their sibling relationships and discussing them in genogram context: asking about parental cutoffs or conflicts with their own siblings and about the cousin relationships among the children of siblings.

At later life cycle phases there may be a rapprochement among siblings who have become distant in the earlier coupling and work oriented phases of the life cycle. Widows may turn to siblings rather than to their children, and siblings may become each other's primary companions in their later years. Sibling relationships may become closer with aging, because activities and preoccupations of earlier life cycle phases diminish. The loss of a spouse, who may have interfered with sibling closeness, leaves siblings with more time and need for the comfort and sharing of the sibling bond. Solidarity may increase as siblings age and rivalries over success and so on have less salience for aging siblings. On the other hand, if personal resources become stretched by the demands of frail or demented aging parents, or by conflicts over the legacy of parents, sibling bonds may become overtaxed and their conflicts may intensify.

Mary Shaw (Figure 10.3), age 58, sought help to reconnect with her two siblings. She was the oldest of three children, born to two very talented but culturally different parents, James and Ann. James, an only child, had been a brilliant student. Born in Shanghai, he came to the United States to study architecture, but his family's financial difficulties forced him to leave school before finishing his degree. While in school he had met his wife, Ann, also an only child, from an old Pennsylvania Quaker family whose roots went back to the American Revolution. Both parents had had problematic childhoods and early losses. Ann became an art dealer in an artistic community in Pennsylvania. James had struggled, at times doing well, but then making poor investments and losing everything he had saved.

Mary, their first child, was born 7 years before her brother, Sam, and 10 years before her sister, Marissa. All three children had grown up struggling

with two distracted parents who were not close but never separated, although both seem to have had affairs over the years. At a certain point Marissa cut off from the family, and especially from Mary and her husband, Joe, whom Marissa felt had been emotionally abusive to her when she briefly lived with the couple as an early teenager. The middle child, Sam, married and moved out of the area; he had several bouts of depression and unemployment over the years. Mary had two children who were both grown and away by the time her parents died. James died first and quite suddenly in his 60s. Ann lived to be 85 and was in a nursing home for the last few years of her life, after which the nursing home sued the children for back payments they considered were owed. By the time the mother died, the children were barely on speaking terms with each other, after years of conflicts with their mother and now with the lawyers from the nursing home. Although Ann left a sizeable estate, which all three children felt need of, the litigation exacerbated their conflicts. Mary eventually sought help in hopes of repairing her relationships with her siblings, which she feared would otherwise end in total cutoffs.

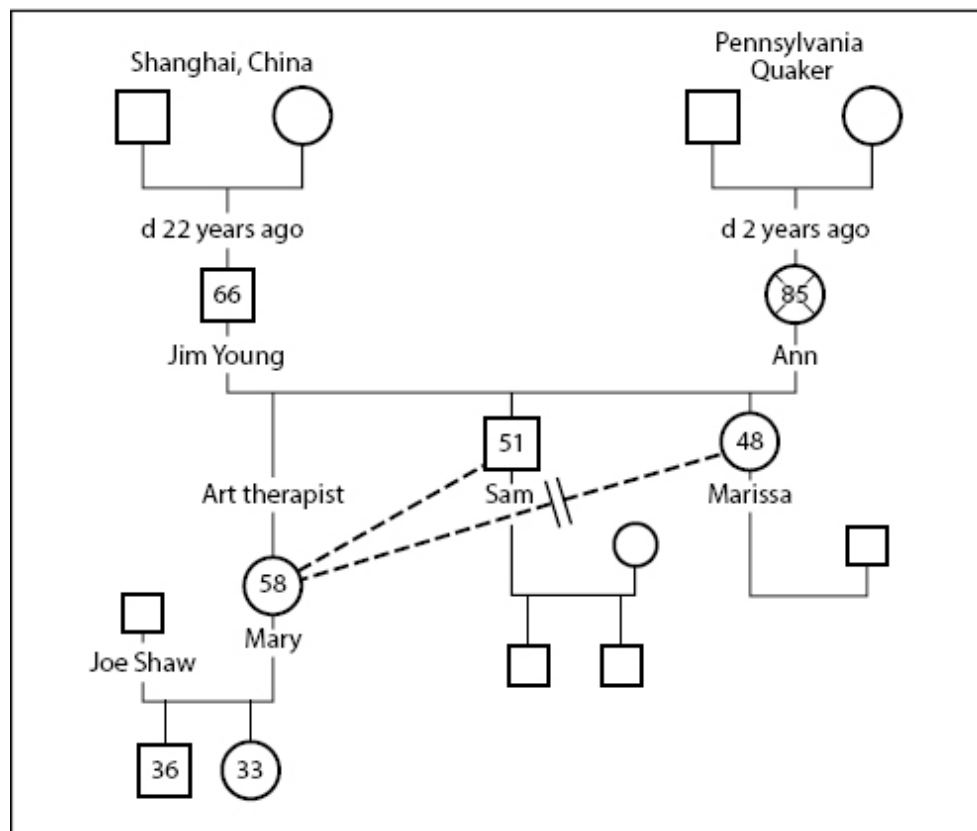


Figure 10.3: Shaw Family

Exploring her genogram, it was clear that the current sibling conflicts had been many years in the making, but also that Mary knew very little about her parents' backgrounds. It was perhaps not surprising that Mary knew little about her father's family, since most of them had remained in China and she did not speak Chinese. But she also knew very little about her mother's family, who were for hundreds of years in the very region where she herself had grown up and then settled as an art therapist.

Primary issues in coaching clients to deal with an alienated sibling involve their getting clear on their values and commitments and on the family's overall context before taking any direct step toward the sibling. Whatever action the person makes will reverberate back, so they need to be as clear as possible what their real goal is with the sibling. Several issues are important to explore before making specific moves with a cut-off sibling:

1. Develop hypotheses about the nature of the current conflicts and their history in the larger family context by developing as good a genogram and family chronology as possible.
2. Help the client define clearly whether it is really the relationship they are seeking to repair or whether certain issues of money, justice, or feeling appreciated are driving their move with the sibling. The ultimate freedom to reconnect with a sibling must be a clear choice rather than a manipulation of the other. As Harriet Lerner (2016) puts it, real change often begins with healing big betrayals and everyday hurts with the sheer heroism of generosity and graciousness to the other.
3. Help the client define clearly the antecedents of the current conflicts—sibling conflicts or cutoffs in previous generations—and how they have affected the current family situation.
4. Clarify how the client will proceed with his or her own life, if the sibling does not respond in the way s/he wishes? Will s/he be willing to keep the door open and continue to make efforts to improve the relationship if the sibling does not respond as wished for? If not, it's probably better to wait.
5. What are the potential costs of the cutoff for their future and for future generations?

In Mary's family a particular issue was that the parents had made Sam, as the only son, the executor of their estate, even though he, like his father,

had never been good at dealing with money. Mary had resented this, since she, although not wealthy, had always been good at managing finances and was the oldest by 7 years. Marissa said she had no interest in the family, but wanted her share of the estate and resented both siblings for not resolving things sooner.

Mary had great difficulty focusing on what she wanted with her two siblings. She had been strongly schooled in therapeutic ideas about “getting your feelings out” and wanted to let each sibling know the resentments she had built up over the years of feeling unappreciated for trying to do the right thing for them. It was a giant leap for her to realize that most of the time working out relationships with others is not, first of all, about making a clean breast of your resentful thoughts and feelings. That usually jams the circuits further.

She also had to beware of her reputation as the “bossy” oldest sister. Whatever she said would probably first be heard in the context of her history of being the boss and often the caretaker of both younger siblings throughout their childhood. Thus, any advice she offered or interpretation of the behavior of either sibling would probably be experienced as an attempt to control them and thus would probably be rejected.

So what could she do? First of all, although Mary felt under a time pressure to “get the estate settled,” her reactivity to her siblings was initially so intense she needed time to contextualize their relationships within the larger family. Her first tasks involved learning more about the extended family history through cousins, since she had no aunts or uncles to provide information. Other resources included several friends of her parents who were still alive and who were also able to offer her deeper understanding of her parents’ lives in general.

Then, having written “tell-all” letters to each sibling (not to be shared) to help her lay out all the complex feelings she had about each sibling, she set those letters aside and took on the task of writing letters (also not to be sent) conveying what each sibling meant to her—what she remembered in a positive way about each that made her want to be reunited with them.

Luckily, Mary, as a typical oldest sister, was very hardworking, determined, persistent, and good at doing the tasks of learning information by talking with others and writing letters to clarify her thoughts and feelings. These processes of learning about her family and writing down her feelings

and memories helped her slow herself down and get more in touch with what she was really feeling and wanting to do in the situation.

She realized that her biggest difficulty was letting go of her financial expectations. She began to come to terms with the possibility that her brother would never resolve the mother's estate in the ways she thought were "correct." But as she worked on her issues with her brother, she also began to realize that the more she pressured him, the greater the likelihood would be that she would jam the circuits between them. So even if she could get her brother to do what she wanted, he would be resentful of her pressure and she would be likely to lose him in the process.

She had to think hard about which was more important: her relationship with her brother or her share of the estate. This question was made more complicated, Mary began to realize, by her husband's financial problems and attitudes. She realized she would have to work out her relationship with Joe and clarify *their* issues about finances in order to differentiate her marital issues about money from her sibling issues about money. She was recognizing that she had gotten caught in many typical gender issues about money with her husband, which were somehow reminiscent of the struggles her parents had gotten into with money. Her mother had been better with money than her father, who often kept his financial dealings secret from his wife, until it was too late to recover his losses.

Now Mary had to work on defining herself in her marriage both in relation to her own responsibilities for the couples' finances and in terms of clarifying to herself that she did not believe children are "owed" an inheritance by their parents. She concluded that she was not going to fight for her share of her mother's estate. She had to work hard on herself to have the courage to clarify to her husband that she needed to handle any issues regarding her siblings for herself. She told Joe that while she knew he meant well, she found his input about her brother and sister distressing, and it confused her, just as she was trying to get her head clear about how to deal with them. She asked Joe, for the time being, to please not talk to her about her siblings, because it muddled her thinking.

She probably wrote a dozen letters to each sibling before she felt clear that she had really let go of telling them what they needed to do differently or how they were repeating various traits of their parents, and so forth.

Here is her final draft:

Dear Sam,

I have been trying to write this letter to you for months! I am so sorry for my fearful and meddling impulses this past year regarding the working out of Mom's estate. My biggest fear has been that you would give up on me and refuse to communicate with me. I have been embarrassed to reach out to you and tell you how much you and your family mean to me. I was so obtuse and presumptuous as to keep trying to do things my way, when you specifically said you needed to work things out in a particular order. Last week when our godfather Peter died I realized how much I missed talking with you and how precious our small family is to me. It's been so hard for me to admit that I was wrong—no surprise to you, I'm sure. In my effort to get the sale of Mom's house done, I did not realize that I was being the bossy older sister once again. I know you have been doing your best to get a good price and it hasn't been easy. I respect how much you have been doing to fix the house up and get it ready for sale. Your unique creativity is evident in all of the houses you have fixed up and modified. You have a unique aesthetic. I want to do everything I can to support you in any way I can. In any case, I will stay in close touch with you so hopefully we can get something happening.

By the time you turn 53 next year, I will be 1 year away from turning 60—Is this possible that I'm actually getting old? It would be great if we could be celebrating the settlement of our parents' estate with each other and our families at that time. I think maybe my own need to be finished with the house, the shop, and the negative memories attached to all of that has been more pressing and urgent for me. I'm trying to relax—please remind me of this if I get anxious and pressuring again. Perhaps Mom's wish to divide the property equally was her last attempt to have a happy family with her three children. I read in a book about Chinese culture that the mourning period for close families is 3 years! It's been 28 months, so maybe we are closer to resolution every day.

To her sister she wrote:

I have been dreaming about you a lot—about the times we would make cookies together and decorate the house for the holidays because Mom and Dad were not home and we wanted to make the

house look festive. I miss you very much. I am beginning to realize how bossy I have been as an older sister—I never thought about how much I used to tell you and Sam what to do. I found this picture of you and Sam in the back yard in the snow. I think I took the picture. I can't find any pictures of the three of us. I wish I could. I wish I could live over the year you came to stay with Joe and me. I think I was so preoccupied with myself that I did not pay attention to what you needed at that time. I am so sorry, Marissa, for not paying attention to you. I hope your life is going well and that Mom's estate will be settled soon.

Mary felt ready finally to really work on her own part in reconnecting with her siblings. She felt at peace with herself, she said, for the first time in a long time, even though she did not yet know how either sibling would respond. She realized that their response was not the issue; it was her clarity that she wanted to reconnect with them whenever they were ready and willing and she was okay to wait if they needed more time to respond to her.

And she felt a growing clarity with her husband that their relationship would be on a stronger footing from this point forward, because she had learned something about her own deepest values and wanted to be committed to him in a real way, not because she could bring in extra money from an inheritance but because she cared about him and wanted to be “a team” with him to plan their financial and relationship future.

HALF SIBLINGS AND STEPSIBLINGS

Often the conflicts that are common among full siblings are even more extreme with half and stepsiblings, who do not share history as full siblings usually do and who may get caught up in loyalty conflicts and conflicts of their different parents. When a parent remarries later in life such conflicts can be particularly toxic. Children of each parent, who do not really know their stepsiblings, may compete for resources or time or control over their parent's situation. When they do not have a shared history, it is much harder to help siblings reconnect, the only basis for connection being to “do the right thing” in relation to a parent's wishes. This is the complementary problem to a daughter-in-law or son-in-law issue. It is a situation in which the family of your parent's choice of a partner becomes a package deal. The

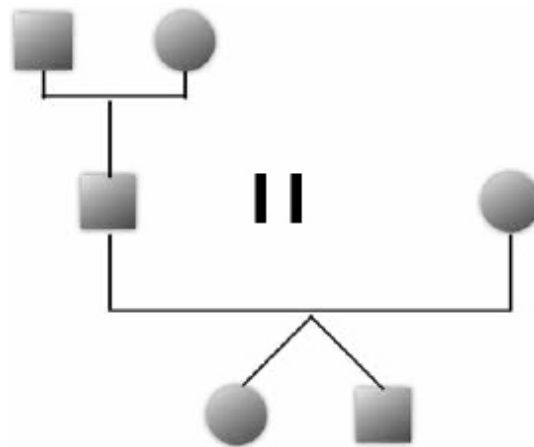
reason to treat your stepsiblings well is because you love your parent and respect his/her choice of a spouse, the corollary of which is the inclusion of the spouse's previous family.

When these values for “doing the right thing” are missing, it is extremely easy for stepsiblings and half siblings who have no history together to “fight” for control of their parent, disregarding the connection the parents have to each other, because they were not the couple the siblings grew up with. There will always be loyalties to one's own parents, which make it hard to negotiate the relationships with your parent's later partner and that person's children and extended family. Clients have to have a very broad perspective to be able to think through how to respectfully negotiate their connections to an increasing array of relatives. But this is the challenge in our times of frequently changing family constellations. We must work hard to stay open to the expanding universe of family members. Otherwise our world will become more limited and we will unwittingly be trying to hold back others (our children, our siblings, our cousins) from relating to their increasing range of family and kin.

QUESTIONS ABOUT SIBLING PATTERNS

- ▲ Begin with this question: Why not invite siblings in for a session? Are there any reasons against such an idea?
- ▲ Explore sibling relationships throughout the three-generational family genogram, noting especially if there were sibling rivalries or cutoffs in previous generations that might be influencing the current situation.
- ▲ Are there sibling abilities or disabilities that are imbalancing the sibling patterns?
- ▲ Across the generations, have there been conflicts over typical sibling issues, such as money? Caretaking? Gender? Sexual orientation? Social status? Was there a “preferred” child? A scapegoat? A “forgotten child”?

1. This chapter draws on insights about siblings we offered in *Sisters* (McGoldrick, 1989b), *Genograms: Assessment and Intervention* (McGoldrick, Gerson, & Petry, 2008), *The Genogram Journey* (McGoldrick, 2011), and “Siblings through the Family Life Cycle” (McGoldrick & Watson, 2016).



The Therapist's Own Family

This chapter considers how the therapist's own family dynamics may influence clinical work and how therapists can analyze and work on their own problematic patterns. The guidelines are generally the same for anyone working on family relationships, whether therapist or client. But therapists have an important professional need to figure out where they're coming from, because, if they don't, their own issues are likely to be played out on their clients—an ethical issue none of us want to have happen. Some family therapists, such as Jay Haley, say that the connections between the therapist's own life and his/her clinical practice are completely irrelevant.

But if you really believe in systems theory, then everyone is connected and the work we do professionally (even if it's physics or engineering) is influenced by our own systemic history and connections. In psychological counseling the possibility of our own beliefs, distortions, and traumatic experiences intruding on our work is even more likely to become problematic than in other endeavors that rely less on personal and psychological intuition. Working with clients requires a tremendous amount from us personally. Who we are as human beings will come through to our clients. Our genuineness or lack of connection will play out in the very

personal interchanges we have with our clients about the meaning of their lives and relationships.

If you basically hated your mother or felt victimized and unloved in your family, such feelings are very likely to come up as clients tell you about their experiences. And from a systemic perspective we know that we are all most likely to get triggered again in the same way we got triggered earlier in our lives, not perhaps with every case, but with those who embody a similar dynamic. If we grew up drawn into a primary triangle with our mother against our father, we are likely to end up feeling comfortable getting into a collusion with a mother and leaving the father out of the picture. Whatever the triggers are in your family, sooner or later you'll find a client who will draw them out.

Eventually, you will have to deal with any hot issue. There's that old saying: if you can't stand the heat you shouldn't be in the kitchen. That is, if you are nervous in raising difficult issues, you shouldn't be working with families, because they need your courage to help them attend to what they are struggling with. If a client has experienced parental abuse, s/he will have to deal with the anger at the abuser and also the anger at the other parent, who allowed the abuse. Such work may take years. And the best place to start is where the client is at: wherever you are first able to get leverage to help the client begin to explore his/her experience. So your own issues will surely get triggered as you gain clinical experience over time.

In our training, we educate students about systems theory and genograms by having them do their own genogram and identifying patterns in their own family, just as they learn to identify patterns in their client families. Our assumption is, as Murray Bowen held, that working on your own family is one of the best ways to learn to "think systems," because it forces you to think beyond individual psychology and to notice how the people who have been most central to your life are connected at a systemic level.

Many years ago I wrote a paper about this topic (McGoldrick, 1982), discussing a case in which a supervisee got stuck in his supervision. My supervisee, Peter, actually came to call the family that he got stuck with his "trigger" family (Figure 11.1), and I've been using the term ever since to describe those families that can get us at our core.

Some students (and theoreticians) resist looking at their own families, and as we say, there's usually a good reason, something very painful and toxic in their history that they are trying to avoid. Peter was one of those

students. He was smart, enthusiastic, and always looking for the newest gimmick to help families solve their problems.

However, at a certain point midway through his training he said he wanted to present his own family genogram in supervision because he had decided he wanted to overcome the distant standoff he had with his father. He said his training had made him aware that the pressure he felt to help clinical families came from the sense of not having a family himself. He said, “I think it eventually hit home that the only way I was going to stop looking for other families was if I made peace with my own family.”

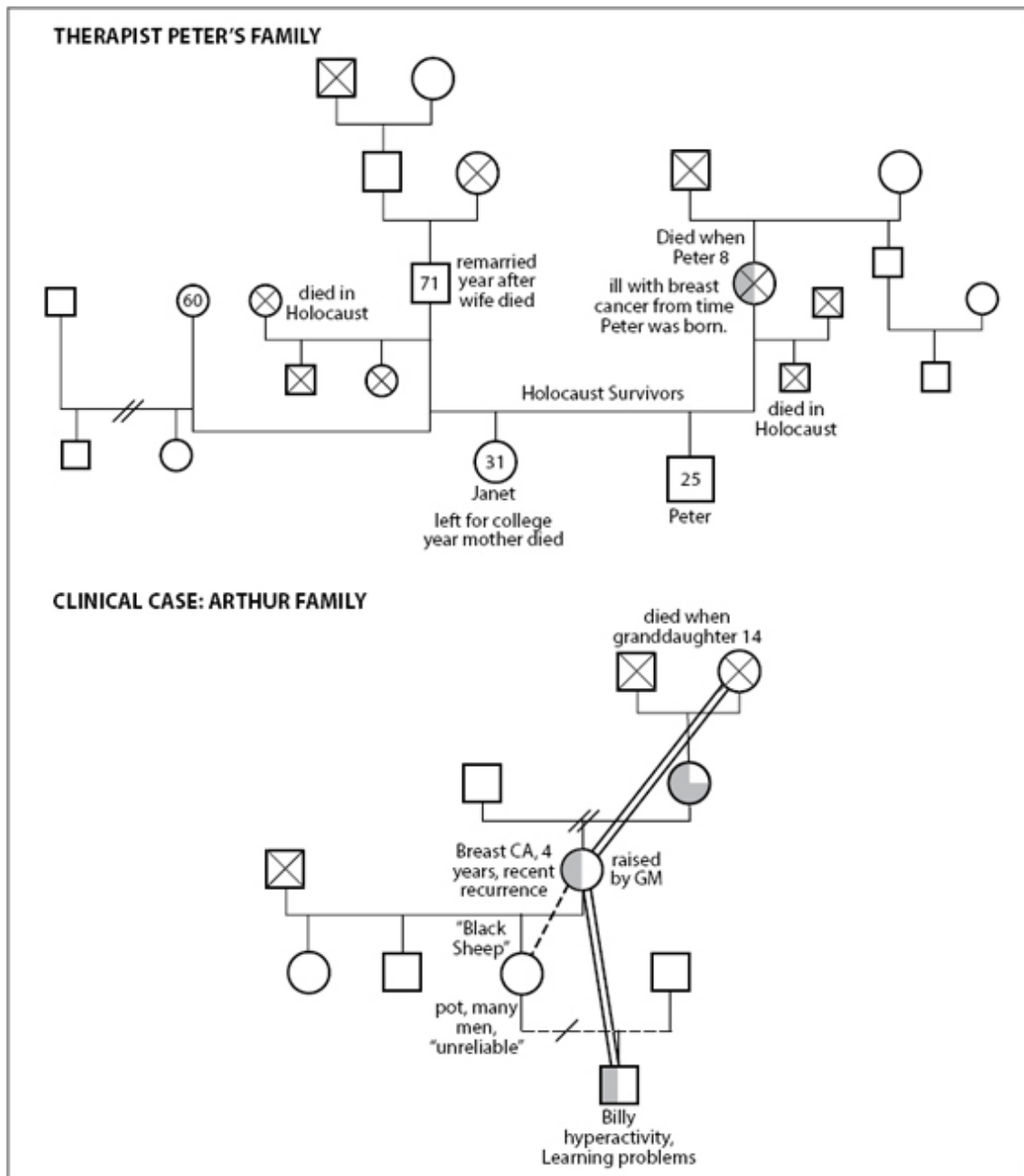


Figure 11.1: Therapist's Trigger Family

Peter's parents were Holocaust survivors who had previous marriages and families that had died in concentration camps. Peter was the younger brother of a 6-year-old sister, Janet. His mother was diagnosed with cancer when he was an infant and died after a long struggle when he was 8. The family never dealt openly with the mother's cancer or death, soon after which the sister Janet left home and their father remarried and took on two stepchildren. Peter felt he had no family left. Now, years later, he wanted to

get to know his father. He was doing fine until we suggested this would entail befriending his stepmother. He balked and said, “Not just yet.”

Meanwhile, he began seeing a family he just couldn’t get into focus. Usually his case write-ups were clear and concise, but with this case, he could only say that he found the family overwhelming and they kept changing the subject. The case involved an enmeshed three-generational household including Billy, the 8-year-old boy who had been referred by the school for hyperactivity and learning problems. Billy’s mother, a single parent, was considered the “black sheep” in her family and often left Billy in the care of her mother, then arguing that Billy belonged to her alone, even while she wasn’t taking responsibility for him.

Peter brought in a video of the family in which they were arguing and he, out of character, hardly said anything. I suggested we do live supervision, but Peter said we would have to postpone it because the grandmother was ill. When I asked about the illness, he said she had a recurrence of her cancer. Her illness had never been mentioned in several supervision sessions, and he had never once had the thought that the family’s problems paralleled his own childhood experiences.

We scheduled the live session as soon as the grandmother could make it. As we planned for the session I spoke to Peter about what conversations he had had with the family about the grandmother’s illness. He had had none. In advance of the live session and in the session itself, I encouraged Peter to speak with the family members directly about the illness, but when he went in with them he said nothing.

I pressed him with a bug-in-the-ear system (which enabled me to speak into Peter’s ear) very directly to interrupt the conversation and to ask the grandmother if she was worried about her cancer. Peter changed the question and asked, “Do you worry about what will happen to Billy if something happens to you?” Another family member changed the subject before the grandmother could answer. I urged Peter to press again and he did: “Mrs. Arthur, do you worry about dying and what may happen to Billy?”

The grandmother responded immediately and clearly: “No, I’m not afraid of dying. I’ve never been afraid of dying. I just don’t think about it. I just want to make sure Billy is taken care of.” Peter went on to ask Billy if he worried about the grandmother dying, to which the answer was “Yes.” He then asked what he did when he was worried. He said he went looking for her to make sure she was all right.

As the session continued, everyone was calm for the first time. They each talked about the seriousness of the grandmother's illness and what would happen if she died. Billy's restlessness stopped for the first time since the therapy began, as he listened intently to his mother, grandmother, grandfather, and aunt discuss the situation.

CORRESPONDENCE BETWEEN THE THERAPIST'S FAMILY AND THE CLINICAL FAMILY

After this session Peter became motivated to explore with his father his own family's fear of talking about death. He had several conversations with his father, in which he learned that there had been many other early parental deaths in his family. These losses undoubtedly contributed to the family's tendency to back away from speaking about death or any loss. We encouraged him that the only way he would really be able to connect with his father would be to shift his relationship with his stepmother, who was at this time his father's primary caretaker. Now he was willing to try this. He made several efforts to reach out to the stepmother, complimenting her on how good she had been to him and his sister when she came into the family, since he must have been quite a handful at the time. He also complimented his father how lucky he was to have found the stepmother after his mother's loss.

We then talked about Peter connecting to his mother's family, from whom he had been cut off since childhood. He suggested instead that he wanted to go to California to visit his sister, Janet, whom he had not seen in 5 years and with whom he had never discussed their mother's death. We worked on his plans for the visit. How would he refer to his stepmother in talking with Janet? He couldn't imagine referring to her as their "mother." We also discussed my hypothesis that some of her distancing from him might have to do with his having resisted her big-sisterly caretaking efforts. He said he'd never thought of it this way, but that he had hated her attempts to "mother" him. When we looked at this from her perspective, he became curious to talk with her about their respective positions in the family and to check whether his distancing had hurt her.

He returned from his visit very excited to realize he "really had a sister." They talked for 2 days straight about their memories and experiences, and

his only regret was that he wanted to hug her at the end but could not bring himself to do it.

Meanwhile Peter had had a session where he shared some of what had happened in his own family history with the Arthur family to urge them to take the opportunity to discuss their upcoming possibility of loss. Initially it seemed to relieve especially the grandmother's anxiety. But soon the family's anxiety returned to a high level, with the mother and grandmother fighting over things like whether the mother should take Billy to a rock concert. We thought it would be good to have a session with just the mother and grandmother to help them regain focus on their current issues. After much avoidance Peter was able to help the two of them focus in on their relationship. Mother and grandmother were able to have a remarkably open conversation about suffering, loss, and love. The grandmother shared that her own grandmother, who had raised her, had died in her arms when she was 14 and she hadn't been prepared for the loss. Peter was able to help the mother acknowledge that she feared her behavior had caused her mother's cancer. To his credit, he did this with no help from me as his supervisor. He was way ahead of me in realizing this might be an issue because, as he later told me, he had had a fight with his own mother shortly before she had died, in which he said he wished she were dead. And he felt guilty for years about that statement. In the Arthur family, once the mother and grandmother opened up to each other they both relaxed. Peter's questions and directness were on target.

Soon afterward the family terminated therapy by mutual agreement. At the 6-month follow-up the mother and Billy had moved to their own apartment and things were going well for them. The grandmother was weakening but peaceful, and the mother and her two siblings were helping the grandmother deal with her needs.

Peter's work on his own family continued as well. He had decided to contact his mother's only surviving brother the very week he received an invitation from this uncle to his son's bar mitzvah. It was to be held on the same weekend Peter's sister was coming from California to visit. Peter invited her to go to their mother's grave and then to the bar mitzvah, and she agreed. They invited their father to come with them. But on the morning of the event the sister called to say the father had decided not to go along and Peter got furious. "This is his typical maneuver of avoiding feelings!" he told her. But then he got a grip on himself and said, "Never mind, let's just

go ourselves.” When he arrived to pick his sister up, the father had changed his mind and was going along. The day went amazingly well, but on the way home the three of them got into an argument about how to spend the next day. Suddenly Peter burst out laughing, saying, “This is fantastic! Our relationship is solid enough for us to have an argument without having to fear that we could lose each other again.”

This example of the connections between the therapist’s own family efforts and the clinical work hopefully offers an idea of the importance for therapists of working back and forth between their clinical practice and their thoughts about where things are in their own families.

PRINCIPLES OF FAMILY EXPLORATION FOR THERAPISTS

The first thing to realize in exploring the patterns of your own genogram as has been emphasized throughout this book, is that the aim is to understand (and potentially change) *your* role in your family system, not anyone else’s. The goal in systems understanding is to be able to be yourself in the presence of your family—to be always in respectful and connected relation to others. We might say the goal is like Rudyard Kipling’s (1909) advice to his son:

If you can keep your head when all about you
Are losing theirs and blaming it on you,
If you can trust yourself when all men doubt you,
But make allowance for their doubting too . . .
Or being lied about, don’t deal in lies,
Or being hated, don’t give way to hating . . .
Yours is the Earth and everything that’s in it,
And—which is more—you’ll be a Man, my son (2007, p. 170).

This is a very demanding aspiration, to define yourself for yourself and to live by your own values no matter what the situation. Kipling spelled out the challenges to this recipe for differentiation: holding on to your own values, goals, and sense of yourself no matter what others think of you. This is the definition of a mature individual.

Generally, as with our clients, the first place we tend to notice problems is when we feel irritated by others in our own family. We may feel caught in

a triangle, mistreated, or angry at someone. That's a fine place to start, but the important thing is to realize that exploring your genogram to make sense of the family patterns is for the purpose of thinking how you may want to modify your own behavior, not the behavior of someone else.

The endeavor of exploring patterns in your family and trying to understand the role you play and modify it, if you decide to do that, entails first making a genogram that includes information at least as far back as your grandparents. The second step is to notice what the gaps are and to think how you might fill them in. I have written a number of times about my own journey and cultural background at different points in my life (McGoldrick, 1987, 1989a, 1994, 2004b, 2005, 2008, 2011).

Nowadays, even if you can not get family information from your family themselves, it is often easy to find information on Ancestry.com about any family that was in the United States before 1940. By the time you are reading this the 1950 census may even be available. The U.S. census is done every 10 years; only 1890 is missing. There are many other records available, such as Social Security death records, military records, immigration records, voter registration records, and so forth.

In my experience it is remarkable how much it can mean to actually see the records of our ancestors, especially when we have known little about them. I remember, for example, never caring much for my paternal grandmother, Loretta Cusack (Figure 11.2). She was not particularly warm or friendly and did not relate much to us children.

Then one day I found records showing that she had lost both her mother, a widow who died at 63, and her oldest brother, William, who died at 37, in 1900, the same year she married my grandfather. Loretta's parents had had six children, three of whom had died before she was born. Their father died when she was 6.

She brought her remaining brother, "Ta," who was 9 years older than she, with her into her marriage household. I had never thought about the circumstances of her life. Suddenly I thought how tragic it was that she had lost her whole small family except Ta just when she was beginning married life. She was 25, about the same age I was when I was married. What if I had lost all but one member of my family by the time I got married? I was shocked by the thought.

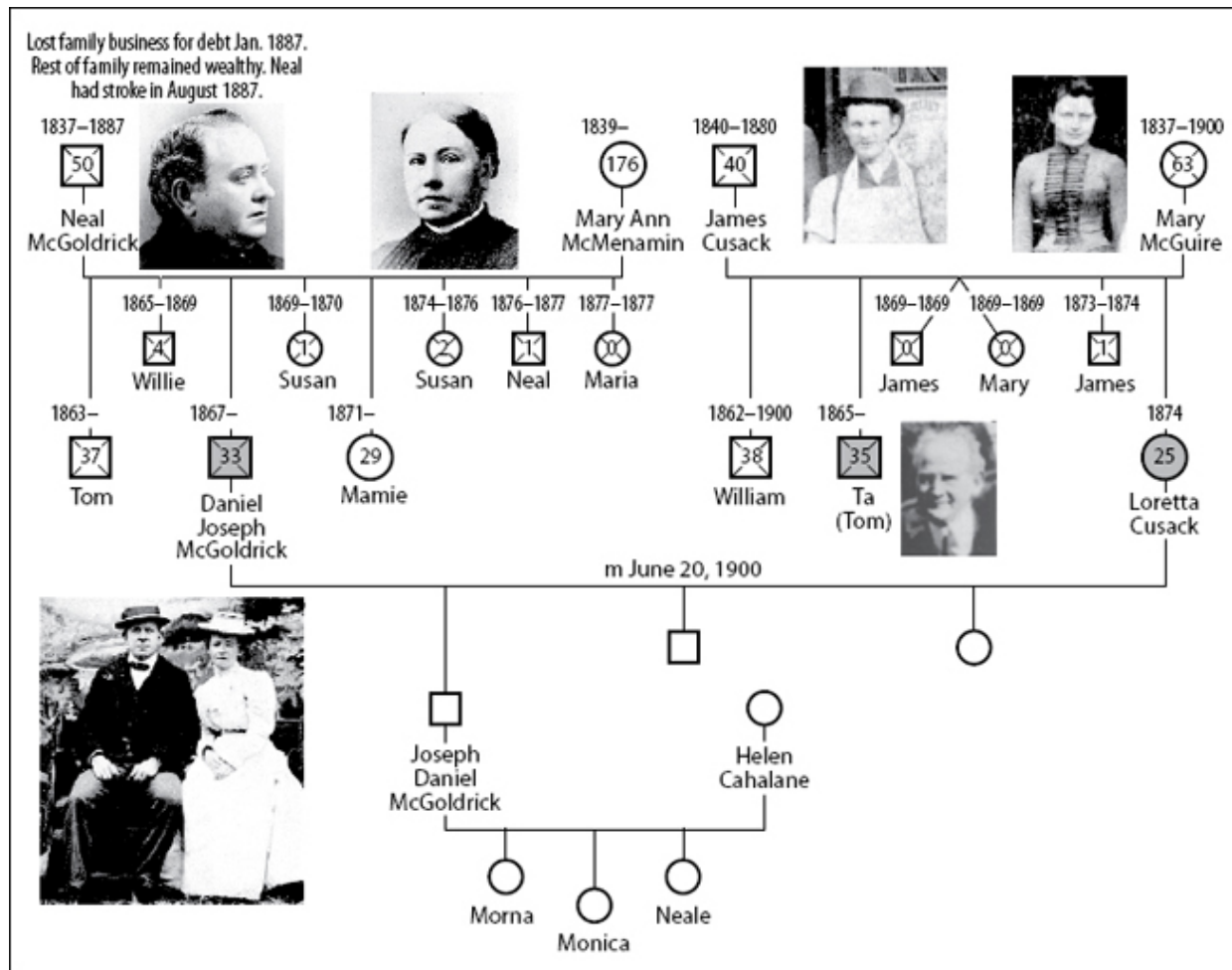


Figure 11.2: McGoldrick Cusack's Genogram

I began staring at her wedding picture, in which she was not smiling and now looked so sad. I wondered what she must have been experiencing at that time. I know that in old pictures people often had to hold the pose, so they didn't smile, but I kept feeling the pain of her look. How terribly sad to have experienced so much loss within 1 year. Both deaths appear to have been sudden. And her brother was only 37. That is so young!

My grandfather Dan McGoldrick, Loretta's husband, had lost his father, Neal, at the age of 20, 13 years before he married. In his family only three out of eight children had survived childhood. I learned recently that a few months before Neal died of a stroke, he had been forced to take responsibility for the family's business failures and lost everything. All his many relatives cut the family off, and for the rest of his life his widow and her daughter lived alone and struggled financially. I grew up knowing nothing of this, either.

All this changed my thinking about my grandmother. It always seemed to me that she held on to my father and resented my mother for taking him away, and perhaps she resented us as well. But now, given her painful history, that all made sense.

I thought about Ta, who lived with Loretta's family until his death 37 years later. He never married, but was like Santa Claus to my father and his siblings. All the stories about him and the few pictures there were of him—always smiling—suggest he had been a much more life-loving man.

Then I thought that he had had his father until he was 15 and he had apparently known many years of good family times before the painful times came. My grandmother, on the other hand, was the first surviving child after the loss of three children. Her mother was probably struggling to take care of her. The father died when she was only 6, after which her mother had no means of support, and life must have been very difficult. Even in his adult life, Ta was the “good” uncle who could afford always to bring toys and presents to his nephews and niece. While my grandparents were always struggling to pay the bills, Ta could use his money to spoil the children.

Indeed, my father in adult life deeply regretted that he had been hard on his own father, who seemed grumpy, while Ta was much easier to love. These were all patterns set in motion in the larger context of the family's history and not merely “psychological problems” of the individuals involved. This is the first thing that exploring your genogram can offer you. You can begin to make systemic sense of the family's trajectory over time and notice that things are not always what they seem.

These ideas had never crossed my mind as I grew up. I think this happens often. We judge others in our family by their behavior in relation to us and not by what may have happened to them apart from or before our experience of them. I wonder now if my grandmother might have responded differently to me had I ever taken an interest in her family and tried to get to know her.

The moral of the story is that as you do your genogram you have to do a lot of thinking about the experiences of your ancestors and current family and try to put yourself in their shoes before you can really start planning meaningful systemic change. Such exploration will surely help you clinically to imagine your clients or their family members' struggles with other members of their families.

You need to think a lot about what role you have played in relation to each person, even those you hardly interacted with, as was the case for me with my grandmother.

Among the issues to consider is the question of who gave you messages in your family about other family members. If there were messages that your aunt Tillie was not worth talking to, how did that idea get conveyed? Once you have thought about that, you will need to consider how other family members will react if you begin having different conversations with them. Who will get upset, and how will you handle their upset? No matter how much planning you do, there will always be surprises. In my family, my very tall mother had a rule: “Never trust a short woman.” My grandmother, Loretta, was even shorter than my very short father, less than 5 feet tall. So I imagine that had I taken an interest in her, it would have been difficult for my mother to tolerate. Since she apparently viewed my mother as “stealing” my father away, I would have needed to work on my connectedness to my mother even as I tried to engage my grandmother, or else I would probably have run into serious interference.

CLINICAL QUESTIONS REGARDING THE THERAPIST’S OWN FAMILY

- ▲ What patterns or themes in your own family do you think are your best resource as a clinician?
- ▲ What patterns or themes in your family do you think are most likely to be triggers with your clinical cases?
- ▲ How do you think your family of origin experiences may influence your relating to aggressive men? Whiny women? Very active young children? People who tend to take a victim stance or are very passive about changing their lives? People who take an aggressive, demanding stance about what help they want from the therapist? (This question can be expanded to include any particular personality type that you find difficult to deal with.)
- ▲ What messages did you get in your family about dealing with those who are of different cultural groups, and who gave those messages? How can you address prejudices regarding racism, sexism, religion, social location, gender identity, disabilities, or other issues that you were given in your family?

- ▲ How did your family members deal with conflict, intense emotion, grief, anger, or other feelings, and what patterns of “going along” with the family patterns may you have absorbed?
- ▲ How do your own various identities—personal, professional, social, cultural—mesh with patterns of others in your family, and how might you want to modify your behavior to be more yourself with your family?
- ▲ What were the major triangles in your family, and what might you do to detriangle from any that are still ongoing?

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Acknowledgments

The systemic framework on which the conceptualizations about genograms in this book are based is the framework of Dr. Murray Bowen as expanded by those who followed in his footsteps, including Edwin Friedman, Philip Guerin, Tom Fogarty, Betty Carter, Harriet Lerner, Carolyn Moynihan Bradt, Joanne Gilles Donovan, Paulina McCullough, Nydia Garcia Preto, Froma Walsh, and Elaine Pinderhughes, among those I have known and worked with personally and many others from the Georgetown Family Center and Bowen oriented training centers around the United States, who have been developing these systems ideas for the past 50 years. It is my profound appreciation of the power of these ideas in my work and in my life that led me to dedicate the book to Murray Bowen and those who have elaborated on his concepts further. I offer my deepest appreciation to all those who have worked to make these powerful ideas known.

This book draws on my own family systems work over many years and on the work of these creative therapists from whom I have received great inspiration and mentoring. I thank especially my dear friend and colleague Betty Carter with whom I shared writing, teaching, work, and life for more than three decades, and whose insights and clinical creativity I hope I have adequately drawn from in this book. I thank also Dr. John Jacobs, who worked with Betty for many years and shared with me his extensive notes on her ideas and insights, and whom I have also had the good fortune to work with for many more years. John and I have talked a great deal about Betty's insights into Bowen theory. I have also drawn on notes from more than 30 years working with and discussing cases with Betty myself. I am grateful also to the clinical wisdom of my dear friend Carol Anderson, with whom I also had the good fortune to share many clinical conversations over the years, especially clinical conversations as we worked to craft a text together on therapeutic engagement, which we were unable to complete.

But our conversations challenged my clinical thinking and I believe greatly enriched this text.

And I am deeply grateful for the chance I have had to talk, think, write, live with and learn from my friends and work colleagues Nydia Garcia Preto, Barbara Petkov, Sueli Petry, Roberto Font, Nollaig Byrne, Imelda McCarthy, Froma Walsh, Jayne Mahboubi, Liz Nicolai, Robert Jay Green, Carolyn Moynihan Bradt, and John Folwarski. We have been discussing cases together for many years, and they have been a great challenge to expand and clarify my clinical thinking.

I thank Georgeann Sorensen, our institute administrator for managing our office so I could concentrate on finishing this book, and I thank Ben Forest for his MAC support all the way through. Many people at W.W. Norton, my publisher for three decades, have supported me in this book and the several others I have produced with their company. I thank Andrea Costella Dawson, my editor for many years who encouraged me to write this book and helped very much in its shaping. Ben Yarling took over from Andrea and had wonderful good nature, support, and willingness to go the extra mile for this book. I thank Deborah Malmud who has always had my back at Norton for as long as I have known her. Sheryl Rowe of Bytheway Publishing Services had a very good eye and was extremely gracious in helping me produce the final product as were John Ausland and Chris Critelli, both with Norton. I am very grateful to Norton for this support and that of the many others in their company who work so hard behind the scenes on behalf of their authors.

I thank also my parents, whose wisdom and thirst for knowledge and understanding and whose support for me I appreciate ever more as the years go by. I thank also Margaret Bush, who believed in me and cared for me from the week I was born, until she died the year after I left home. She and my parents and my Aunt Mamie, who raised five generations of our family, live in my heart and protect and encourage me still. I thank also my grandparents and other ancestors who came before and whom unfortunately I did not get to know as well as I wish I had. I know they have been supporting and encouraging me as well. We are indeed at this moment the reason they have lived, as those who come after us will be the reason we have lived.

My sisters Morna Livingston and Neale McGoldrick have been extremely important supports to me throughout my life, and their belief in

me holds me up as well, as do my nephews Hugh and Guy Livingston and Guy's wife Maria Sperling, the first members of the next generation in our family who have now become my friends and inspiration. I am ever more grateful and appreciative of my husband of 46 years, Sophocles Orfanidis for his generosity and loyalty and for supporting me even when he wished I could change my spots.

Finally, I am incredibly grateful for the next generation. They are our hope. I am so blessed in my son John, whom I adore for all he has brought to my life, and now for his expanding our family with his wonderful wife Anna who, with her loving parents Renee Psiakis and Bill De Palma, have greatly enriched our lives.

I have also been deeply grateful to welcome the first member next generation, Renzo Robert Livingston who was born and grew up to school age as this book was being created.

I am thankful also for the blessing of Sophocles' wonderful cousins Tolis and Christos Thanos and their families who are also expanding our family in ever richer directions. I offer all my hopes and good wishes to my godchildren from these families and their families: Christiana, Patti, Gina, Ryan, and Terry and to my other godchildren Ariane Harper, Natalie Gond, Stefan Baer, Irini Syrkos, Claire Whitney, Ava Green-Lee, and their families.

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Zapata family. *See* family (Zapata) therapy

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Special Sales at specialsales@wnnorton.com or 800-233-4830

Book design by Bytheway Publishing Services
Production manager: Christine Critelli
Cover design by Lauren Graessle
Cover art © Art-Y/Getty Images

The Library of Congress has cataloged the printed edition as follows:

Names: McGoldrick,
Monica, author. | McGoldrick, Monica. Genograms. Supplement to
(work):
Title: The genogram casebook : a clinical companion to Genograms :
assessment and intervention / Monica McGoldrick.
Other titles: Clinical
companion to Genograms : assessment and intervention
Description: First
edition. | New York : W. W. Norton & Company, [2016] | "A Norton
Professional Book." | Includes bibliographical references and
index.
Identifiers: LCCN 2015046808 | ISBN 9780393709070 (pbk.)
Subjects: |
MESH: Family Therapy—methods | Family Relations
Classification: LCC RC488.5
| NLM WM 430.5.F2 | DDC 616.89/156—dc23
LC record available at
<http://lcn.loc.gov/2015046808>

ISBN: 978-0-393-70907-0 (pbk.)

ISBN 978-0-393-70942-1 (e-book)

W. W. Norton & Company, Inc., 500 Fifth Avenue, New York, N.Y. 10110

www.wwnorton.com

W. W. Norton & Company Ltd., 15 Carlisle Street, London W1D 3BS